7	MAKITAN OF MELLIN
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH -00105
# -2#	I. DECEASED-NAME First Middle // Lost 20, DATE OF DEATH 25 HOUR A
death neral and 2 death	(Type or print)  James Vernon Hobott January Month 6. Day 1969 9:05M
after death. he funeral ges 1 and 2 Tafter death.	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years if under 1 year if under 24 Hrs.
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ampleto ve car	13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13a. INSIDE CITY LIMITS? 13a. STREET AND NUMBER
camp move	admission) STATE Maryland 13b. COUNTY Anne Arundel Pasadena YES NO W 302 Christy Road
any any	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
2 = 1	CHARLES BARNES HABOTT CARRIE RUSSELL
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
1	Yes, pa acunknawn) (If yes give war or dates absenve) MRS EBRL B. WALKER # 13
ng ph Then	APPROXIMATE INTERVAL
affi r. r. r	PART I. DEATH WAS CAUSED BY:
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equires that the death certifications.  Signed by the attending phorial-transit permit. Then burial, cremation, ar remayal	PART 2/ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(g)
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a by the After the State	220 1 certify that (1) (this haspital) attended the deceased from the saw the deceased alive on 1909, and that in (my) (our) opinion death occurred on the dote and hour and from the
ATTENDING stained by the CTOR: After 1 should be dith the State ith the State	couses stated abave, (H) (we) (did) (did not) view the bady after death.
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AL Oll	22d. PHYSICIAN'S 22e. ADDRESS
SPITA 4 may VERAL tar, pe	NAME (Type) Peter F. Verkouw, M. D. 1407 Forest Drive, Annapolis, Maryland
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	230_ BURIAL, CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, 10 CATION (City or Town) (County) (State)
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( VAL A)	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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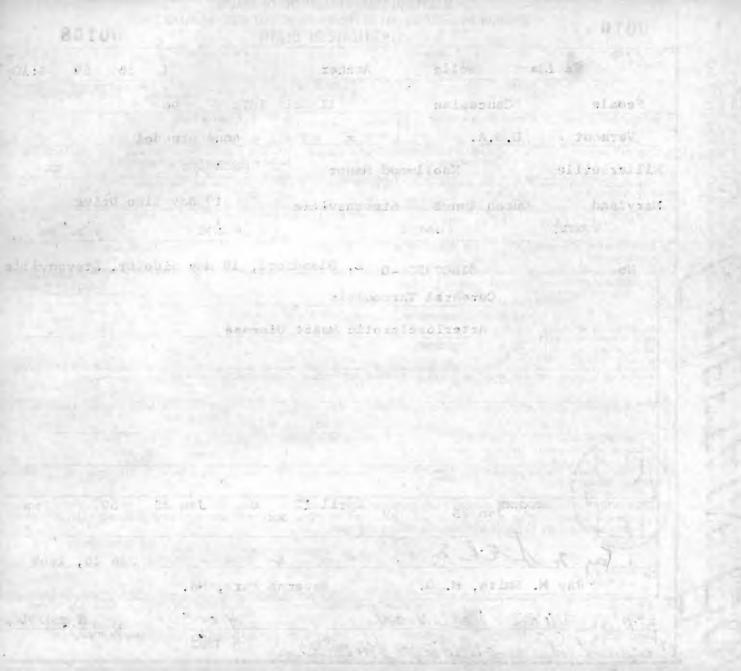
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00107 00107 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR funeral 1 and 2 ier death. hours after death (Type or print) January ANDERSON MATTHEW THOMAS ALVIN signed by the attending physician and campletely fulled in by the ful burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, or remaval, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS last hirthday) Negroid 1888 January 25. Male 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S. A WIDOWED | DIVORCED MARYLAND ANNE ARUNDEI 24 filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address! ANNAPOLIS Navv Government 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATE 13b. COUNTY YES X NO Rt. 5, Box Annapolis and Arunde 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle last Middle pup Katie MMN Stansbury Anderson Matthew NMN physician ( 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address MANT Annapolis, Md. Address
Clara Margaree Anderson -Rt.5-Bex Yes no or unknown) 230-22-3560 attending phys 1920-1947 Ves 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CHRONIC OBSTRUCTIVE LUNG DISEASE BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) (b) PNEUMONITIS AND MULTIPLE LUNG ABSCESSES rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the chauld be filed with the State Dept. of Health prior to 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🗍 YES X Page 4 may be retained by the hospital ar 216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE DE DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1 - 17 and that in (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased alive an causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. January 30, 1969 DEGREE 22n. ADDRESS 22d. PHYSICIAN'S NAME (Type) A.C.J. BRICKEL LT MCUSNR NAVAL HOSPITAL, ANNAPOLIS, MD 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) PINE JAWN Annapolis, Maryland 19536. REGISTRAR SIGNATURE 250. RECTO BY REGISTRAR VR A15 [4] 30M REV. 1/68 C.E.HICKS 111 Anna pollas. DATE

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16	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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1 749 444	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street. 21f. LOCATION Street or R.F.D. No. City or Town Country	
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o the	23g. BURIAL, CREMATION, 23b. DATE , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
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(to	24. FUNERAL DIRECTOR , ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	1
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MARYLAND STATE DEPARTMENT OF HEALTH

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12.		CERTIFICATE OF DEATH	OULTO
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dea dea	(Type or print) Charles EDW PR	BARTLETT January 8	Doy 1969 5:15 M
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ne death cer attending p permit. The	18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY:		APPROX MATE INTERVAL BETAVEEN ONSET AND DEATH
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OR ATTENDING PHYSICIAN: be retained by the hospital ar DIRECTOR: After this certificate ps 3 should be detached for used with the State Dept, of Health	220. I certify that (I) (this hospital) attended the decease	sed from 10/27, 1967, to 1/8	1969 , that (1) (we) lost
NDI Pd bd Fd bd Fd bd Fe Sylva	saw the deceased glive on	1965, and that in (my) (our) opinion death occurred on the	date and hour and from the
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VR X15/47	John M. Fer for John Chineson	2 Md. DATE JAN 1 4 1989 100	corles Judge.



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FOR STATE	I	· · · · · · · · · · · · · · · · · · ·	R'S CERTIFICATE OF DEATH	30	113
HEALTH DEPT,		DECEASED NAME First Middle	Last	20 DATE KNOWN X Month De	oy Yeor 2b. HOUR
.≈ ₽ 8 / 75 ·/	}	Type or Print) CURLEY	BELL	OF ESTI- DEATH MATED 1-1	1969 M
2, and 3 ta PM3. Page	3 S	fale Afferican 5 Date OF BIRTH 6 Afferican 10-26-1941 2	GE (in years of JNDER YEAR OF UNDER 24 NRS.  15 byrthday) MONTHS OAYS NOURS MIN.  YRS.	2c DATE PRONOUNCED DEAD  Month  Doy  January	Yeor 19 69 2d HOJR 8:15 P. M
		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?		INTY OF DEATH	
S S S S S S S S S S S S S S S S S S S		EHN VSB.	WIDOWED DIVORCED	ANNE ARUNDEI	1116
ve Pages y with fair the State		SESSUP. give street oddress simm	s Lane during most o	working I fa, even if retired.) IN	B. KIND OF BUSINESS OR BUSTRY
INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with files. 3 should be used as a burial-transit permit. File pages I and 2 with the State Death and any event within 72 hours after death.	13o o	LSUAL RESIDENCE (Where deceased lived, if institution. Residence before idension) STATE Md. 13b COUNTY Arundel	Jessup YES NO	Route 175	
haur term Office and and	14 1	FATHER'S NAME First Middle tost	and the same of th	Middle	Lost
24 in b ir's ( ir's (	14.	GURL BELL	BENTAR	V	CHNUM.
within 24 in pencil in Examiner's File pages 172 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown)  [If yes give wer or dates of service)  ### DS - 64-		RT 4 TE	NN
be executed "pending" in itef Medical Esansit permit Fi		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E ansit permit F event within		IMMEDIATE CAUSE (0)	nshot wound of chest		
Pen Pen sit p	1	Conditions, if ony, which gove )	)F		
d b d b Chii tran	1	rise to immediate cause (a), (b)	)F		
shauld be en ward "per a the Chief ! burial-transit		stating the underlying couse DUE TO, OR AS A CONSEQUENCE O	,,		
This certificate shauld icate, writing the ward be farwarded to the Cl de used as a burial-tra ar removal, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART I(0)	
certifi arward arward moval.	NO:	190, DATE OF OPERATION 119b, CONDITION FOR	WHICH OPERATION		20. AUTOPSY?
ate, vate, refar	CERTIFICATION	WAS PERFORMED	0?		YES X NO
The ficat		210. EXTERNAL CALSE WAS 216 TIME OF INJURY Month, Doy, Ye	OF 2 C. HOW INJURY OCCURRED (Enter notu	re of injury in Port 1 of turn 1 Item	B) Shot in
KAMINER: 1 te the certific je 4 should b your files. age 3 should cremat an, a	MEDICAL	PRIMARY X OR CONTRIBUTING 7:00 PM 1-1 19	co   our battle attent	shooting Wis/Wi	fe and two
	×	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.)	217, LOCATION Street or R F.D. No		County State
L EXAMINER: ecute the cert Page 4 shouls for your files. R: Page 3 shou ial, cremat an		AT WORK AT WORK	Simms Lane	Anne Ai	rundel Md.
ICAL E. executor. Page dar far purial, burial,		22a. I certify that I took charge of the remains describ		pection . Inquiry .	and in my apinian
olca olesse ex director. etained i DIRECTO		death resulted fram: Natura causes Accider		Undetermined manner	)
please e I director retained DIRECT		ACTUAL Chands.	CHIEF MEDICAL EXAMINI	CT2	CNED
ury, ple eral di be rett RAL Di		SIGNATURE	M.D. ASSISTANT MED CAL EXAM	SHOTTER CAP	
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your o FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S Charles S. Springate, M	ADDRESS(Street, city, to		2, 1909
5 5 ± 2 5 ±	230		F CEMETERY OR CREMATORY 40/E 23d		ounty) (State)
	24	FUNERA DIRECTOR	RESS 250 REC'D BY REC	NECESUITE IST	PARCECAL TENI
VR A15ME (5)	2	TONERAL DIRECTOR	TEL MODULAN T	1969	July 1



- 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	00113 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.044.0
	CERTIFICATE OF DEATH	00112
	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH  Type or print) JOHN BEREZNE DAN WORTH	2b. HOUR 2b. HOUR
3	male Law.   S DATE OF BIRTH   6. AGE (In years last birthday)   S DATE OF BIRTH   S	F UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
74	70 BIRTHPLACE (Slote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	A
	Tennsylvanja U.S.A. WIDOWED DIVORCED And ARE	
; (a	Clen Burnie, give street address) Worth Arundel Conv. Ctr. Labor-Retired Armod	
13	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odm ssion) STATE D. VS COUNTY Edgemere STATE NO X 2911 Perch	
14	14 FATHER'S NAME First Middle .ost IS MOTHER'S MAIDEN NAME First Middle Elizabeth	los Glinski
1		Edgemere, Md.
	18. CAUSE OF DEATH (Enter on y one cause per line for (o) (b), ond (c).) PART 1. DEATH WAS CAUSED BY:	APPROX MATE INTERVAL BETWEEN ONSET AND CHATH
	DUE TO, OR AS A CONSEQUENCE OF	mouras.
	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	us
	lost. (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	CALISES OF DEATHS	CONSIDERED IN CERTIFYING
Lange	YES NO E CAUSES OF DEATH YES 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2	) t )01
	OR CONTRIBUTING (ALSE OF DEATH HOUR AM. Month Doy Year PM. 19)    Cit either, notify medical examiner)   PM. 19   Cit of the Contribution of the C	z, item (8)
Ji.	21d INJURY OCCURRED White Not while of work of	County State
	22a. I certify that (I) (this hospital) attended the deceased fram	9, that (I) (we) last
	saw the deceased alive an	dote and hour and fram the
	22b. SIGNATURE ATTENDING MED STAFF 122	c. DATE SIGNED 1/30/69
	22a. PHYSICIAN Y	-/ D //
	NAME (TYDE) JACK I. STERN, ms 425 S.E. Rotchic Huy	fleuburnie Md.
23 E	230 BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cry or Town) / St. Stanislaus Cemetery Baltin	(County) (Stote) more, Maryland
3	John J. Duda, 7922 Vise Ave. Dundalk, Md. 250 FEB REGISTRAR 1969 250 REGISTRAR	



			PINICION OF			EPARTMENT					
		00113	ט אטוכוצוע	F VITAL RECORDS,		ATE OF DEA		, MAKTLANU 21		400	
2 62	. DI	CEASED NAME Firs		Middle	CERTIFICA	Lost		ATE OF DEATH	00	113	2b HOUR
death.		ype or print) MICH		BENEDI	CT	BLUM	20.0	Month	Day	1969	ZO HOUK
	3 58		4 RACE			DATE OF BIRTH		JANUARY 6 AGE (In ye	anrs let		UNDER 24 HRS
haurs after in by the Ton		MALE		WHITE		MARCH 21	. 1881	last birthdo			OURS MIN
by by	7o (	IPTHPLACE (State or foreign	75. CITIZEN OF Y			NEVER MARRIED		ITY OF DEATH	183.		
d in Joseph 72 h	cour	MARYLAND	U.S.	.A.	WIDOWED	DIVORCED [		NE ARUNO	EL		Mid
vithin 24 I	เยเ	ITY UK TOWN OF DEATH	11 1	NAME OF HOSPITAL OR IN	STITUTION (If not	in hospital 12	o USUAL OCCUI	ATION (Kind of work	k done 1	25. KIND OF BUS	INESS OR
Interes by executed within 24 haurs after death system ond campletely filled in by the Toneral system ond cambon papers. Pages and 2 and in any event, within 72 haurs after death of, and in any event, within 72 haurs after death		EN BURNIE	give	3U4 CENTRA	L AVE.	, M.Ш. du	""BTHEE"	Rking life eyed if re	tired)	SELF E	MP.
plet car	13o odmi	USUAL RESIDENCE (Where decedes sign) STATE	sed lived, if institu	rtion Residence before	13c CITY OR T			13e STREET AND NUM	BER		
cam cam y ev		MARYLAND		RUNOEL	<u></u>	BURMIE	X NO 🗆	304 CENT	RAL C	WE N	<u>lil </u>
y ex	14. F	ATHER'S NAME First	Middle	Lost	15.	MOTHER'S MAIDEN N			ddle		Fost
force by executed visition and camplete please remove carbit, and in any event,	16.0	WAS DECEASED EVER IN U.S. AR		BLUM TVA SOCIAL SECTION	117 1415	ORMANT	ALIC				
physician en please avol, and		es, np. or unknown) (If yes give	war or dates of service)	166 SOCIAL SECURITY 212 34 8					diess	00 11	17
g phy may			<u> </u>	-		S. BARBA	RA BLU	4 (wife)	SAME	APPROX MATE	INTERIA.
ding ding ren		1B CAUSE OF DEATH (Enter o PART   DEATH WAS CAUSE	D BY	ine for (a) (b) and (c)	r () 2.	- 00 /	ROS	I don		BETWIEN ONSET	AND DEATH
deo deo			ATE CAUSE (o)	AC A CONCEDURACE OF	un	Jen 1	2	accer		INCH	wwn
the d		Conditions, if any, which gove		AS A CONSEQUENCE OF							
hot n. ansi		rise to immediate cause (a), stating the underlying cause	(b) DUE TO, OR	AS A CONSEQUENCE OF							
es t sicia ed b al-tr		lost.	(c)								
OR ATTENDING PHYSICIAN: The law requires that the death certiful be retained by the haspital or attending physician.  SIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then placed with the State Dept of Health prior to burial, crematian, or remayal,	П	PART 2 OTHER SIGNIFICANT CO		UTING TO DEATH BUT N	OT RELATED TO 1	THE TERMINAL D SEA	SE OR CONDITIO	N GIVEN IN PART I(a)			
ing ing	NO.										
tend ss be as brioin		190 DATE OF OPERATION 196	CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	200 AUTOPSY?		20b IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONSI	DERED IN CERTIF	FYING
F to a self	CERTIFICAT	OL ACCIDENT WAS HADED. VI	US Tott more				NO [				
ACIAN: The law repital or attending retificate has been af far use as the of Health prior to		2TO ACCIDENT WAS UNDERLY! OR CONTRIBUTING [ EAUSE OF DEA	TH HOUR A.M	Month Doy Year	21c HOW	INJURY OCCURRED	(Enter nature	of injury in Port 1 or	Port 2, Item	18)	
SSC Sspit sertified t of	MEDICAL	(If either, notify medical exam 2 d IN, JRY OCCURRED   21e		AT HOME CADM STOCET CAL		TANK Shares D.	F.N. D.	£ . 7			F
JING PHYSIC by the haspii frer this certi be detached State Dept af		While Mot while M	PEACE OF INJUNT	( AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC	217 (80	ATION STREET OF KI	r.D NO	City or Town	(c	onty	Stote
by th by th After the be de State			us hasnital Nati	tended the decease	od from	x. 10	19 50 1	a dan 1	1962	7 that (1)	(men) last
ENDI ned by R: Aff wild by the St		22a. I certify that (I) (It saw the deceased of	live an	11 / Deceasi	967, and 1	that in (my) (e	r) apınıan de	eath/accurred an	the date of	and hour and	fram the
ATTENE stained CTOR: A should ith the		COCSES SIGIED ODGA	e, (I) (we) (did)	(dad not) view the	bad <b>y</b> after de	ath		<u> </u>			
R A RECI		22b. SIGNATURE	u and	100 a X	7 Degree	ATTENDING PHYS.	MED	STAFF DHYS.	22c DATE	SIGNED	9
y be great of filed		22d PHYSiCIAN'S	Cente	ers or	DEGKEE	22e ADDRESS	DIRECTOR	/ PHYS. L	117-	10 6	7/-
PIT/ mod FRAI		NAME (Type)	IMC	ndelis		230	18 2d	mondso	n Ala	-Palt	z. Mat
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, p≡ge 3 shauld be detached far use as the burial-transhauld be filed with the State Dept of Health prior to burial, cre	23o	BURIAL, CREMATION, 23b	DATE	23c NAME OF	CEMETERY OR CE	REMATORY	23d L	OCATION (City or Tow	n) ((	ounty) (	Stote}
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		BURTAL / JA	V. 21, 19		ATHEOR	А		EN BURNIE	E, MD.	•	
VR A15 (4, 3) 45M - 1769	24	TUNERAL DIRECTORY	5I	GLETUMORFE	JNERAL H	ME 2So.	RECTO BY RESIST	1969 25by TEA	SIBNE SEL	ANIDE	
45M - 1/69	N	1 emga	CON G	LEN BURNI	, MARY	LAND DATE				N &	

\* £

0011.	DIVISION OF VITAL RECORDS, :	301 W. PRESTON STREET, BALTIM		
007.7		ERTIFICATE OF DEATH	1	10114
1. DECEASED-NAME First (Type or print)	Middle	Lost	20. DATE OF DEATH	2b. HOUR
Beulak	C.	Bowser	Month Day	1969 84017 M
3. SEX	4 RACE	S DATE OF BIRTH  November 28,	last birthdovl M	FUNDER LYEAR FUNDER 24 HRS. ONTHS DAYS HOURS MIN
7a BIRTHPLACE (State or foreign 7 country)	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9.	COUNTY OF DEATH	
Maryland	U.S.A.		inne Arundel	Md
10 CITY OR TOWN OF DEATH ABnapolis	give street oddress)  Bay		OCCUPATION (Kind of work done of working ufe, even if retired )	12b KIND OF BUSINESS OR INDUSTRY
130 USUAL RESIDENCE (Where deceosed odmission) STATE Maryland	lived, if institution Residence before   13b. COUNTY   Anne Arunde1	13c CITY OR TOWN 13d INSIDE CTY LANTS  GlenBurnie YES NO.		venue
14 FATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME First	Middle	Lost
Seth Br	cooks	Amanda	Redding	
16a. WAS DECEASED EVER IN U.S. ARMEL Yes, no, or unknown) [1] yes give word	D FORCES? 16b. SOCIAL SECURITY No dores of service)		er, 4012 Raleigh	Road 21208
18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED & IMMEDIATE  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost		levotre Carlin	racular dive	APPROX MATE WTERVAL BETALLIN OWSET AND DEATH
	Shelital es	T RELATED TO THE TERMINAL DISEASE OR CONE	· · · · · · · · · · · · · · · · · · ·	
X	NOTION FOR WHICH OPERATION WAS PER	YES NO NO	20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
2To. ACCIDENT WAS UNDERLYING    OR CONTRIBUTING   CAUSE OF DEATH   Cause of Death   Cause of Death	21b TIME OF INJURY HOUR A.M. Month Doy Yeor P.M 19	21c. HOW INJURY OCCURRED (Enter no	ture of injury in Port 1 or Port 2, Itel	m 18.)
21d. INJURY OCCURRED 21e. PL While Not while of work	ACE OF INJURY ( AT HOME, FARM, STREET FACTOR OFFICE BUILDING, ETC.	21f. EOCATION Street or R.F.D. No.	City or Town	County State
				^ 0
220 I certify that (1) (this saw the deceased aliv couses stated above, (	hospital) attended the deceased re on	ond that in (my) (our) apinio	n death occurred on the date	ond hour ond from the
220 I certify that (1) (this saw the deceased alive couses stated above, (22b SIGNATURE)	re on 15 19	ody ofter death.  DEGREE PHYS OUT) OPINIO	STAFF 22c DA	ond hour and from the
220 I certify that (1) (this saw the deceased aliv couses stated above, (	(1) (we) (d/d) (d/d not) view the b	ody ofter death.  DEGREE PHYS DIRECT	TOR STAFF 224 DA	ond hour and from the
220 I certify that (1) (this saw the deceased alive couses stated above, (22b SIGNATURE)  22d PHYS CIAN S NAME (Type)  230 BUR AL CREMATION. 23b DA	(e on 15 19 (l) (we) (d/d) (d/d not) view the b	ody ofter death.  DEGREE ATTENDING DIRECT DI	TOR STAFF 222, DA	ond hour and from the
220 I certify that (I) (this saw the deceased alive couses stated above, (22b SIGNATURE)  22d PHYS CIAN S NAME (Type)  230 BUR AL, CREMATION, REMOVAL (Specify)  23b DA	Smith M. D.  TE 23c NAME OF CO	ody ofter deoth.  DEGREE ATTENDING PHYS  22e ADDRESS  Hahn Prodese	STAFF 222c, DA  BEIONAL Bldg., Se  GREGORAL Bldg., Se  GREGORAL City or Town)  ClenBurnie, Anne	ond hour ond from the  TE SIGNED  SECTION 19 19 19 19 19 19 19 19 19 19 19 19 19



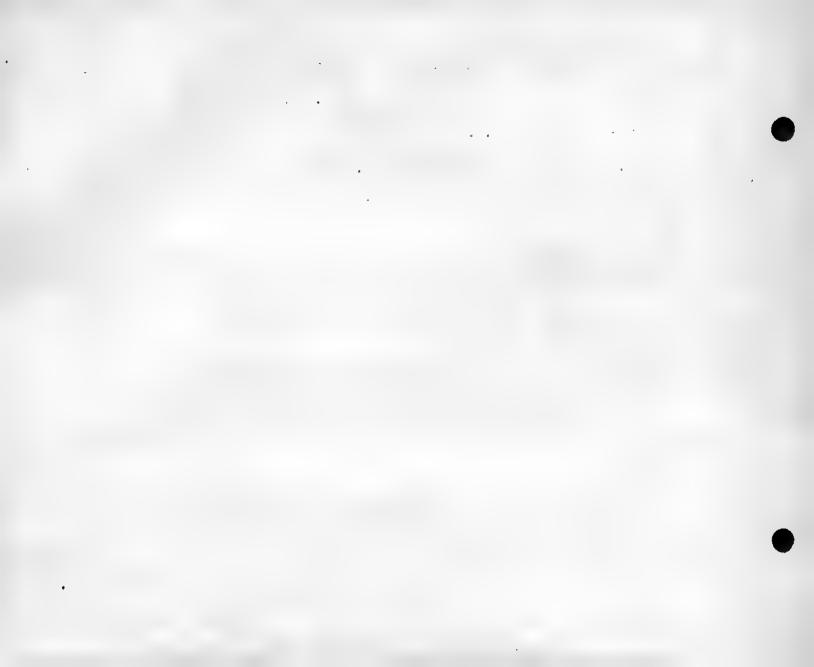
•	1			D STATE DEPARTMENT OF I		
· •	٠.	00115		301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
		00110		ERTIFICATE OF DEATH	0	0115
± −2.₹		CEASED NAME First	Middle	Last	2a DATE OF DEATH	2b. HOUR P
death. neral and 2 death.	(1	ype or print) Haz	zel Louise	Brady	January 1	8.1969 1:45
# 15 m	3. SE	Х	4. RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
<b>克雕</b> 第5		Female	White	May 1, 192	last hirthday) 4 YRS.	MONTHS DAYS HOURS MIN.
20 A 100	70	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 hours after all in by mericing pers. Pages. 172 haurs after	COUL	Maryland	U. S. A.	WIDOWED DIVORCED	Anne Arundel	Md
	10 €	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	A T	AL OCCUPATION (Kind of work dane ost of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY Tenent
with the same of t	100	Harwood	D03		·	Tenent
cuted simple ve cal	odmi	issian) STATE Md.	ised lived, if institution: Residence before 13b. COUNTY A A A	Harwood YESO N	IMITS? 130 STREET AND NUMBER □□ Box 43	
exe any	14. 1	FATHER'S NAME FIRST	Middle Lost	ES. MOTHER'S MAIDEN NAME		Lost
be and		Thomas	s Edgar Hagar	1   1	lary	Higgs
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours-after death. Page 4 may be retained by the hospital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleter filled in by metal director, page 3 shauld be defacthed for use as the burial-transit permit. Then please remave cabon, pages. Pages, I' and 2 shauld be filled with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.	160.	was deceased ever in U.S. Ar./	MED FORCES? War or dates of service)		Box 43, Address — Harwood, Mar	vland:
rent Park		18. CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b) and (ε).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath right in a second s		PART I. DEATH WAS CAUSE	ED BY. IATE CAUSE (o)	had endool	us.	11/
de de la de		5171	DUE TO, OR AS A CONSEQUENCE OF		1	1100
the chirt particular		Conditions, if any, which gave	1 the	1 an exection	tia	6 240
hat n. yy II ans		ase to immediate cause (o) ( stating the underlying cause)		-y-0-1004000-1-1-1		
es t sicio sicio al tr al-tr		last.	(c)			
phys sign surio surio		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	<u> </u>
v re en fen falt	<sub>2</sub> ,					
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, crease the shauld be filed with the State Dept.	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
表 Ban 4 A		OL ACCIDENT WAS UNDERLYIN	Tay and a laway	YES NO		Am h
AN: al a icate for "		21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING TO CAUSE OF DEA	ING 215 TIME OF INJURY ATH HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Ente	er noture of injury in Part I or Port 2, It	em IB.)
Spirit spirit ed	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	niner) P.M. 19		Ch 7-	County State
PHY is both	[	21d INJURY OCCURRED 21e. While Not white of work	B. PLACE OF INJURY (AT HOME, FARM, STREET, FAC	211. LOCATION Street of K.E.D. No	city or Town	County State
de ta ta de la company de la c	ı	of work of work	his hamitally assumed although a name	d from between 10 :	5/1 to 18 8/2 10/	that //) /wal last
Afte Afte	ı	saw the deceased of	alive an	9 2, and mat in (my) (our) op	inian death occurred an the day	e and haur and fram the
TEN Balder Head	П	causes stated abov	his haspital) attended the decease alive anl ve, (I) (we) (did) (did pat) view the	oady after death.		
F et a retainment	П	22b. SIGNATURE	n. Mr.		22c. D	ATE SIGNED 18/69
DIR DE	Ш	(1/1/1)	Jamesoff MIX		DIRECTOR PHYS. 1	10/69
TAI May Pog Pog Fift		22d. PAYSICIAN'S NAME (Type) Robe:	rt B. Sasscer, M	22e. ADDRESS	oer Marlboro, M	d. 20870
TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fill	200			CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	
Page direct Share	230	BURIAL, CREMATION, 23b. REMOVAL (Specify)		atthew's Cem:	Seat Pleasant	(County) (Stote) (Pr.Geo) Md.
	24.	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D	BY REGISTRAR 2Sb REGISTRAR'S	SIGNATURE
VR A15 (4) 30M REV 1/68			Upper Marlboro		29 1969 Jellar	las Judge.
	-					

4 1

					DEPARTMENT OF			
1		90116	DIVISION OF VITAL RECORDS,			IMORE, MARYLAND 21	201 GU11!	5
	L			EKIIFIC	ATE OF DEATH			
		CEASED-NAME First	Middle		Last	2a DATE OF DEATH Manth	Day Year	2b. HOUR
		Jeni	nie		Brice	1	2 69	5:15p M
	3. \$8	X	4. RACE		S. DATE OF BIRTH	6. AGE (In year last birthday	OFS EFUNDER I YEAR  MONTHS DAYS	IF UNDER 24 HRS
		Female	Negro		10/26/73	95	YRS.	
	70 1		'b. Cit.Zen of What Country?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH		
	Euos	unknown	USA	WIDOWED		Anne Arundel		Md
1	10 (	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If no	t in haspital 12a. USU	IAL OCCUPATION (Kind of work post of working life, eyen if re		F BUSINESS OR
7		Crownsville	give street address) Crownsville			aussivifo	14-	o-enel
1	130.	LSJAL RESIDENCE (Where decease		13c CITY OR			IBER	
1	OOM	ssion) STATE Maryland	436 COUNTY BALTO	White	March YES N	ınknow	m	
	14	ATHER S NAME First	M:ddle Lost	15.	MOTHER'S MAIDEN NAME	First Mi	ıddle	Lasi
			unknown			unknown		
		WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY (		FORMANT		dress	
		no.	unknown	Но	spital_Recor	rds, Crownsvil	le. Maryla	nd
			ane couse per line far (a), (b), and (c)	)			BETWEEN	OMSET AND GEATH
	1	PART 1. DEATH WAS CAUSED	BY E CAUSE (a) <u>Arterioscl</u> e	rotic	cardio vascul	lar disease		
		4124	DUE TO, OR AS A CONSEQUENCE OF					
	1	Conditions, if ony, which gove	6) Dehvdratio	n. Ure	mia. Senile	Brain disease		
	1	nse ta +mmed ate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF					
		last	(c)					
	П	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)		
	2							
	CERTIFICATION	190. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	20b. IF YES, WERE FIN	IDINGS CONSIDERED IN	CERTIFYING
X,	E E				YES NO	J		
		27 o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HO	W INJURY OCCURRED (Ente	er nature of injury in Port 1 or	Port 2, Item 18.)	
	MEDICAL	(If either, natify medical examini	or) P.M. 19					
	¥	2 id. INJURY OCCURRED 21e. F	LACE OF INJURY (AT HOME, FARM, STREET, FAI	TORY.) 21f. LO	CATION Street or R.F.D. No	a. City or Town	County	State
		at work at work						
	1	22o. I certify that (I) (this	hospital) attended the decease ve on 1/2	ed from	7/1, 19£	64 , to 1/2	, 19 <u>_69</u> _, tho	ot (I) (we) last
		saw the deceased all	ve onI/Z (I) (we) (did) (did not) view the	9 <u>09</u> , and	ithat in (my) (aur) op eath	olnion death occurred on	the dote and hav	r and tram the
	1	22b SIGNATURE	Vi) (we) (did) (did lidi) view life	body offer d		<del></del>	22c DATE SIGNED	
		Cly	ays Ales	DEGRI	E PHYS.	MED STAFF DIRECTOR STAFF	1/3/69	
		22d PHYSICIAN'S	1/16		22e. ADDRESS	PRODUCTION /- FINAL		
		NAME (Type) Albe	rto YOBANE	2.	Crownsvill	le State Hospi	tal. Maryl	and
	230	BURIAL, CREMATION, 235 D	ATE 23c NAME OF	CEMETERY OR		23d LOCATION (City or You		(State)
		REMOVAL (Specify)	17/69 mit.	zion	,	Lonorean,		alte. Co.
	24	FUNERAL DIRECTOR	ADDRESS		254 RICID	BY REGISTRAR 25h REG	ISTRAR'S SIGNATURE	
	10	In I. Chatuar	1-1701 MAC	illal	DATE	1303	and had	920



- 1			DIVISION			DEPARTMENT					
		90114	DIVISION	OF VITAL RECORDS		CATE OF DEAT		tt, MAKTLAND 2		0117	
ı		CEASED-NAME First		Middle		Last		DATE OF DEATH	-		2b. HOURA
	(1)	rpe or print) Charle	3	Frederick		BRIGGS		January	3O	1969	3-30 M
	3. SE		4. RACE			5. DATE OF BIRTH		6 AGE (In s	veors	IF UNDER 1 YEAR	IF UNDER 74 HRS
		Male		White		Dec. 17,	1916	19572 pirtho	GY) YRS.	MONTHS DAYS	HOURS MIN
	7o B	RTHPLACE (State or foreign		OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. <b>CO</b> I	UNTY OF DEATH			
- 4-		lifornia		J.S.	WIDOWED		Ar	ne Arunde	1		Md
	A	nnapolis		11 NAME OF HOSPITAL OR II give street address) Anne Arunde	1 Gen.	Hospital	USUAL OCC ng most of Engi	UPATION (Kind of wo working life leven fi neer	rk dane retired }	12b. KIND OF I INDUSTRY Electr	BUSINESS OR
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	14 F/	THER S NAME First	, Mid	dle Last	l	S MOTHER'S MAIDEN NA	ME First		Middle		Lost
		GEORGE.	HEN	RY SRIGO	7.5	M	iwa	IE.		Bus	CH
	160. Ye	NAS DECEASED EVER IN U.S. ARM s, na, or unknown) (If yes give wi	ED FORCES? Ir or dates of serve	16b. SOCIAL SECURITA	NO 17	AWF B. L	BRIG	95 # 13	ddress		
Γ		18. CAUSE OF DEATH (Enter an)	у але саизе	per line far (a), (b), and (c	).)		7,			APPROXIM BETWEEN ON	LATE INTERVAL ISET AND DEATH
I		PART I. DEATH WAS CAUSED IMMEDIA	IE CAUSE (a)	Ceny	zhie h	end feeler +	3 hoel			3 de	
1			DUE TO,	OR AS A CONSEQUENCE OF			7 4			121	
1		Conditions, if only, which gave )	(b)		cuti n	y orondul u	firely	-		Sole	-yy
1		stating the underlying cause	DUE TO,	OR AS A CONSEQUENCE OF	ρ	0 ~	1	1		,	4,
П	L	ast )	(c)		Un	many col	ores.	usp		10 mer	<i>.</i>
		PART 2 OTHER SIGNIFICANT CON	DILION2 CON	PRIBUTING TO DEATH BUT I	IOT RELATED T	o the terminal disease	OR CONDIT:	ON GIVEN IN PART 1(d	1)		
	'A' ON	90. DATE OF OPERATION 19b. (	ONDITION FO	R WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?		205 IF YES, WERE FI	NDINGS CO	INSIDERED IN CE	RTIFYING
	CERTIFICAT					YES N	o 📆	CAUSES OF DEATH?			
		TO ACCIDENT WAS UNDERLYING CAUSE OF DEATH		AE OF INJURY	21c H	OW INJURY OCCURRED		e of injury in Part 1 a	r Part 2, li	lem 18.)	
	ă	If either, natify medical examin	er)	P.M.	9						
	o	twark at wark		JRY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC		1.0	1.0	City or Town		County	State
		22a. I certify that (I) (this saw the deceased at	haspital)	attended the deceas	ed_from_1	121	1909	to_//30		that	(I) (we) last
		saw the deceased at causes stated abave.	ve an	did) (del and) view the	hady after	# that in (my) (aur)	) apinian (	death occurred ar	the dat	e and haur o	ind from the
		22b. SIGNATURE ()	(1) ( <del>48</del> ) (1	and (means) view ine	oddy diler	uediii.			12c D	ATE SIGNED ,	
		4 ever	e le	burel	DEG	REE PHYS.	MED. DIRECTOR	STAFF PHYS	]	1/29/6	4
	1	PHYSICIANS G 37	10 0	CHUNEH		22e. ADDRESS 121 Caj	hedra	l St., An	napol	is, Md.	
2	3a.	BURIAL, CREMATION 236 D	ATE	23c NAME OF	CEMETERY OR	CREMATORY		LOCATION (City or To	ψn) (	(County)	(State)
4	e	HUTTON 2-	1-67	Ft. KIA	Coh		136	ADENSBI	1R9	1.6.	MD.
	1.7	MERAL DIRECTOR	· Nov.	ADDRESS	1.	Wild FF	CD BY REGIS	1969 256 REC	SISTRAR 5 S	GIGNATURE	
Ľ	44	vu 11. 5/7/00	MNY	unice	UUS,	TIGA . DATE		1303	-and	My young	-



]	1	MARYLAND STATE DEPARTMENT OF HEALTH	
	J	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	118
FOR STATE		, MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 0	VECEASED NAME Type or Print)  Type or Print)  Type or Print)  Type or Print)	Day Year 2b HOUR
ay is 3 to Page Page		VILLIAM SNOOC DEATH MATED [] /-	5 1969 M
delay and 3 t M3. Pag	3.2	A Lord house of the Country Days Country Days	2d. HOUR
0 > %	1/1	1/ale (106.4-2-1915 53 YRS WINTERS DATS HOURS MIN Month) - 500y	Y801 1869 M
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hin 24 noth in niner's pages hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? I 66b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ADDRESS (195, 195, 195, 195, 195, 195, 195, 195,	(Pina)mi
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1000年度		18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) ond (c)) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERPAL BETWEEN ON AT AND DEATH
ecu, ind edic erm wit		IMMEDIATE CAUSE (a) (exclusionally (1))	
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riffin Agranda Sel a Sel ,	% 0	190 DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION	20. AUTOPSY?
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INER: TI te certifice should be files. 3 should I	<b>8</b>	PRIMARY OR CONTRIBUTING HOUR A.M.	1 10 )
INER: e cert shaul shaul files. 3 shoa	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. ha City or Town	County State
EXAMINER: ute the certi age 4 shauld yaur files. Page 3 shou		WHILE MOT WHILE factory, affice building, etc.)	/
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o DEPUTY DICA presses of the funeral director. S may be retained presses of the funeral director. Health prior to but to		EXAMINER'S NAME (Type)  E. LIN hak Off ADDRESS(Street, city, town, or county)	ACI
TO DEPUTY SICAL EXPRESSION, please execution the funeral director. Pag 5 may be retained for y TO FUNERAL DIRECTOR: PHealth prior to burial,	230		County) / State
	1	5 may real 1-7-1969 Horace Orang > West Kine	20 MCK
0 -	24	FUNERAL DIRECTOR. ADDRESS 256 REDISTRAY SIG	MATURE
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111		MARIEMO DI VITAL DECODE DEL MI DESTANTIMENT OF REALEM
	1	00113 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
# -Z#		FCEASED-NAME First Middle Lost 20. DATE OF DEATH 26 HOUR
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fer fer	3 8	X 4 RACE S DATE OF BIRTH 6 AGE (In years I I UNDER 14 HRS
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	70 (00	B RTHP ACE (Store or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
d m	1	TNEAPOLIS USA, WIDOWED DIVORCED HINS HRUNDEL MA
fille fille	10	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working life-even tretired) INDUSTRY
with tely rbor		101011910 C13 M.H. GEW HOSPI. CHZMIST USGOV.
mple con vent	0qu	USUAL RES DENCE (Where deceosed fived, if institution Res dence before 13c CITY OR TOWN 13d MSIDE CITY LM 157 13e STREET AND NUMBER SSION) STATE AD 13b. COUNTY A A CONTROL OF STATE NO DESCRIPTION OF THE STATE OF T
id Com	14	CATURDE SIAME
		Lost UOHN GEORGE BROOKS SMOTHERS MAIDEN NAME First NADIN
ate (cion cion and in and in	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be retained by the hospital or attending physicion.  JIRECTOR: After this certificate has been signed by the ottending physicion e.3 should be detoched for use as the buriol-tronsit permit. Then please ed with the State Dept. of Health prior to buriol, cremation, or removal, and i		es, np. of unknown) (It yes give war or dates of service) MRS NAOMI E. BROOKS # 13
The filter		18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c))
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ndin ber s #	A710	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING
JAN: The law retail or attending liftate has been sfor use as the kf. Health prior to b	CERTIFICATION	YES NO CAUSES OF DEATH?
or of use		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
ICIA Sitel Tific of to of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19
Nost cer che	E.	21d INITIRY OCCURRED 121a PLACE OF INITIRY ALHOME FARM STREET FACTORY 1 215 LOCATION Street of P.E.D. No. City of Tourne County, Count
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the buriol-tron should be filed with the State Dept. of Health prior to buriol, cree.		
by fifer be stot		22a. I certify that (1) (this haspital) attended the deceased from 13-1, 1965, to 1-6, 1967, that (1) (we) last
END red S: A sid   rhe S		22a. I certify that (1) (this haspital) attended the deceased from
A Triangle of the Triangle of		22c DATE SIGNED
OR OR OF STATE		114941 Sector DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIPLOT DIRECTOR DIPLOT DIRECTOR DIPLOT DIRECTOR DIPLOT DIRECTOR DIPLOT DIRECTOR DIPLOT DIPLOT DIRECTOR DIPLOT DIRECTOR DIPLOT D
AL AL Consider the file		22a. PHYSICIAN'S 22e. ADDRESS
ERA Fi, P		NAME (Type)
10S UNI Bedfe	230	BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
TO HOSPITAL (Poge 4 may b TO FUNERAL D director, page ) shauld be file	F	REMODALISPACITY VAN 9,1969 CEDAR BLUFF CEM ANNA POLIS MD
	24	FUNERAL DIRECTOR ADDRESS 250 REGISTRAR S-SIGNATURE
4811201869	9/	FUNERAL DIRECTOR  ONN M. TAYLOR, SONS FON NAPOLIS MANAN 9 1969 256 REGISTRAR SIGNATURE GREEN POLIS MANAN 9 1969



1 1	Items 7 & 13 Film 108 MARYLAND STATE DEPARTMENT OF HEALTH 1/16/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	-// -/ 100 A - A	120
HEALTH DEPT.	1 DECEASED-NAME First Middle lost 20 DATE KNOWANTEZ Month Day	
· 전 후 수 구	(Type ar Print) John BROW 77 DEATH MATED 1 11	1869 13 M
delay	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years   IF JNOER 1 YEAR   IF JNOER 24 HRS   2c. DATE PRONOJINCED DEAD	Year 69 19 M
2, 2, 2, epo	70 BIRTHPLACE (State or foreign 7b. CIT ZEN OF WHAT COUNTRY? 8. MARRIED MEYER MARRIED 9 COUNTY OF DEATH	1000
for D te D	19. Ty Carolina USA WIDOWED DIVORCED DI	20. Md
after death any Sive Pages 1, 2, Idang with farm Physical With the State Department of the State Depar		KIND OF BUSINESS OR STRY
	130 US_AL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN odomission) ISTATE 13b COUNTY in Arring Arrundel Baltimore YES NOK 30l Bolivar St.	
24 hours in Hem s Office ss land 2	14 FATHERS NAME First Middle Last Is MOTHERS MAPPEN NAME First Middle	Last
hin nirel nirel page	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyas give wor or dates of service) 2.16 ~01-8570 > 01-01-01-01-01-01-01-01-01-01-01-01-01-0	oliver &
ed with the last the	18 CAUSE OF DEATH (Enter only one couse per me for (a), (b), and (c) ) PART 1 DEATH WAS CAUSED BY	APPROX-MATE INTERVAL BETWEEN ONSET AND DEATH
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표등 필입	21a: EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M P.M. 19 21d: NJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 21d: NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street) 21f: IOCATION Street or R.F.D. No. (15 or Town) (15 or Town) (15 or Town)	
EXAMINER: cute the certing age 4 shauld age 4 shauld ryour files. Page 3 should it, cremation,	21d .NJURY OCCURRED  WHILE  AT WORK  AT	unity State
Vecu Vac Pag for for rial,	220. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry .	ond in my opinion
HCAL e exec trar. P red for ECTOR burial	death resulted fram Natural causes , Accident , Suicide , Homicide , Undetermined manner	
please please retainer.	ACTUAL CHIEF MEDICAL EXAMINER	
TY, ple eral dise ret prior	SIGNATURE M.D. ASS STANT MEDICAL EXAMINER 226 DATE SIGNI	
DEPU cessar fune may t	NAME (Type) L. LINDACOTT ADDRESS(Street, city, town, or county) P.	19 (0)
5 = = 2 5 = 01	230 BUR AL CREMATON, 28b DAJE / 23c NAME OF CEMETERY OR CREMATORY (33d LOCAT ON (Ciry or Joyn)) (Case REMOVALISTICATION (CIRY or Joyn)) (Case REMOVALISTICATION (CIRY or Joyn))	Walder
VR ATSME IST	24 FUNERA. DIRECTOR 250 RECO BY REGISTRAR 250 REGISTRAR 250 RECO BY REGISTRAR 250 REGISTRAR 351GNA PATE JAN 13 868 FUNE	TUR!



0' .	1		BUILLION		D STATE DEPARTME				
0		20121	אטוכואוע			W. PRESTON STREET, BALTIMORE, MARYLAND 21201 TIFICATE OF DEATH			
e (5)	1. 01	CEASED-NAME FIT	st	Middle	Last		DATE OF DEATH	2b. HOUR	
To A B		una or aciael	hn	E.	Bruckma	m	Jan D	14. 1969 4:20pM	
	3. SE		4 RACE	73 0	5. DATE OF BIR		6. AGE (In years	IF UNDER YEAR OF LINDER 24 HRS	
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hours aft by the s Pages hours of	70 8	IRTHPLACE (State or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED NEVER MARR		UNTY OF DEATH		
in and 2 ho	1003	Pennsylvania		SA	WIDOWED DIVORG		Anne Arunde	e] Md	
in 24 filled pape	10 (	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN		120 USUAL OCC	CUPATION (Kind of work done	12h KIND OF BUSINESS OR	
OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician.  **IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function of should be detached for use as the burial-transit permit. Then please remark-carban papers. Pages and with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	G	len Burnie, M	1.	give street oddress) North	Arundel	during most of	working life, even if retired aster - Retire	industry ed RR	
ecuted with	130	USUAL RESIDENCE (Where dece	ased lived, if i	nstitution. Residence before	13c. CITY OR TOWN	3d. INSIDE CITY LIM TS7	13e STREET AND NUMBER		
e de la companya de l	admi	ssion) STATE	13b. COU	AA	Glen Burnie	YES NO	107 Main Ave	emue S. W.	
and &	14. (	ATHER S NAME First		ddle Last	IS. MOTHER'S MAI	IDEN NAME First	Middle	Last	
be on an	L	Frankl:			n	Mary	E.	Ritchie	
ate iciar leas and	160.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	(ann			Address		
tiffic shys		es, no or unknown) (If yes gr		171-07-8	795 Mrs. El	<u>oise Kel</u>	lenberger, sai	ne as 13	
ng F The		18 CAUSE OF DEATH (Enter Part 1. Death was cau	an y ane cause	per line far (a), (b) and (c)	.)	0.	-7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
e death attendii permit. an, ar re		PART I. DEATH WAS CAU IMME	SED BY: DIATE CAUSÉ (a)	Muso	carded "	refund	in	Iday.	
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ol o for for Hec		OR CONTRIBUTING CAUSE OF I	EATH HOUR	A.M. Month Doy Year		okkto (tillel lidio	ne of injury in ron 1 of ron .	i, hem (e.)	
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reter Al	H	22b. SIGNATURE	de la company	M 10. 1	ATTENDIN	G MED.	STAFF [7]	Re. DATE SIGNED	
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7	Item 23d Film days MARYLAND STATE DEPARTMENT OF 3/13/69 Jp 00120 CERTIFICATE OF DEATH					DEATH	at, maritality 2120	30122
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ar a		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF				re of injury in Part 1 or Poi	rt 2, Item 18]
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ed E		saw the deceased ali	ve an das	31 1	9 £ 1, and that in (m	ıy) (aer) apinian	death occurred an the	e date and hour and from the
Tie Soft	П	causes stated above,	(i) (We) faid)	(ala hat) view the	baay arrer death.			22c. DATE SIGNED
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VI C	L	22d. PHYSICIAN'S		Majuria .	22e. AD0		DR — 13173. —	1 services 1 1101
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VR ATS PA		FUNERAL DIRECTOR		ADDRESS		2Sa. PECID BY REG	STRAN 969 25b. (15)	MASAGAHUMAN SARA
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- 20-7		0012		, 301 W. PRESTON STREET, BAL	
17 ,	I	tem8 FilmG408 :		CERTIFICATE OF DEATH	00124
€ 22€		ECEASED NAME First Type or print)	Middle	Lost 1 TON	2a. DATE OF DEATH 2b. HOUR
P P P	L	James	Linwood	BULLEN	January 12 Day 1969 2:02 M
	3. S		4. RACE	S. DATE OF BIRTH	6. AGE (In years   IF UNDER 14 IF UNDER 24 IMS.   last pirthday)   YRS.   MONTHS OAYS HOURS MIN
	70	Ma.le BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	July 13, 19	9. COUNTY OF DEATH
in the Pers.	cau	Maryland	U.S.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	Anne Arundel Md.
filled pape thin 73	10.	ITY OR TOWN OF DEATH			JAL OCCUPATION (Kind of work dane   12b KIND OF BUSINESS OR
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and rem	14	FATHER'S NAME First	M ddle R Last	15 MOTHER'S MAIDEN NAME	first Middle 1/00/1/20st
secial please	160	WAS DECEASED EVER IN U.S. ARA	NED FORCES? 16b SOCIAL SECURITY	NO. 17 INFORMANT	Address
physician please naval, and i		es, na, oswaknown) (III ves give w	TI CEED 219-12-3	296 Doeothy Awa	BYLLEN # 13
The property			y ane cause per line for (a), (b), and (c	114	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ICIA pital pital pital caf fo	WEDICAL	or contributing acause of ceam (If either, notify medical examin		9	
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(DING d by t Affer d be c	L	gw the deceased a	s-hospital) attended the decease	19 <del>06</del> , and that in (mv) <del>(our)</del> ar	inian death accurred an the date and have and fram the
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~ <u>~ w ~ × </u>		22b STENATIURE	/ectouw	MOREGREE PHYS XX	MED STAFF C 22c. DATE SIGNED DIRECTOR PHYS C 22c. DATE SIGNED
TAL OI nay be AL DIR page e filed		22d. PHISICIAN'S NAME (Type) Peter	D. H. L. W.D.	22e. ADDRESS	1
NER.		10001	F. Verkouw, M.D.		st Drive, Annapolis, Md.
TO HOSPITAL OF Page 4 may be TO FUNERAL DIR director, page should be filed	3	BURIAL, (REMATION 236 I REMOVAL (Specify)	15-69 St. MAME OF	CEMETERY OR CREMATORY	AND APOLIS DE MO
VR AIS	24.	FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 256 REGISTRAR'S SIGNATURE
#5M - 269	10	m III JOTOR	Loud Lungons.	MAC DATE JA	N 1 5 1969 Francis



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) COLNTY b. COUNTY Arundle Co. Maryland Anne MARYLAND Anne Arundle Marvland b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Dorsev Dorsey d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS Dorsey Rd . . IS RESIDENCE ON A FARM? Box #12 Hanover P.O. Box #12 Race Road Race Road Hanover POYES TYNO! 3. NAME OF Middle 4. DATE Month Year DECEASED OF Jan 11. (Type or print) 69 Andrew Butler DEATH 19 rbon withir 5. SEX 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED B. DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Male Negro WIDOWED [ DIVORCED emove IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY done during most of working life, even it retired) B.& O Railroad U.S.A. Dorsey. Trackman- Ret 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ¢ ding Butler Harry Burley Rachal Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Race Road removal (Yas, no, or unkown) (If yes give we ror detes of service) Mrs. Martha Butler Box #12 Hanover P.0 No fre permit. affending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), INTERVAL BETWEEN signed by ONSET AND DEATH Ö PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO Conditions, if any, which geve rise to immediate cause burial, (a), stating the underlying ceuse lest. hospital or certificate his PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION \$ 5 PERFORMED? USB NO TO prior 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, lenter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, Month, Dev. Yaar 2Df. (Clly or lown) (County) (State) factory, street, office bldg., etc.) Hour e.m. While Not While 6 at work el work p.m ...., 19 Gn that (1) (we) last to... SM, from the causes and on the date stated above. saw the deceased alive on...... ., and that death occurred at 22e. SIGNATURE DATE MED. SIGNED ATTENDING death. Page 4
TO FUNERAL
director, page 3
be filed with the PHYS. DIRECTOR PHYS. HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS Dr. Bruce B. Brumbaugh .Main Street- Elkridge Maryland 23a, BURIAL, CREMATION, 1 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Maryland Saints Rest Cemetery Harmons. Burial 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Herbert E. Nutter-3035 W. North Ave. 2DM 5-63

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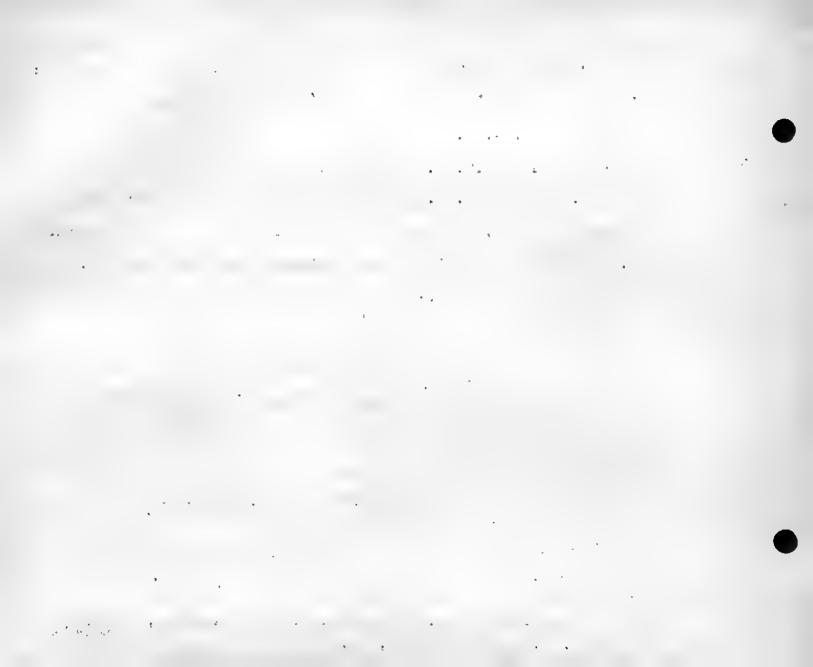
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Teath. neral and 2 death.	(	(ype or print) Mint	v Snewden	BUTLER	January 8,	
	3. S		4. RACE	5. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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an and	76	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
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executed within decompletely fill emove carban pounty event, within	L	Annapolis	Anne Arund	el Gen. Hospital		INDUSTRY
pplet cor	13a adm	USLA: RESIDENCE (Where deceasission) STATE	ed lived, if institution. Residence before	No.	7-9	
cam		Maryland		Annapolis YES NO	411 Chesapea	ke Avenue
n am n am n	114.	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME FI		Last
THE SECOND	L		NAN Snewden	Margaret	Lucinda Pric	
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JNG by t fiter be d state		22a. I certify that (I) (thi	s haspital) attended the decea	sed fram, 19	, ta, 19	, that (I) (we) last
ed A: A		saw the deceased al	ive an	.19, and that in (my) (aur) apir	nian death accurred an the do	ate and haur and from the
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AL Dogge		22d. PHYSICIAN S		22e, ADDRESS	1113 1	10/01
FRA ERA		NAME (Type) Raym	ond L. Richardson	M. D. 110 Clay	Steet, Annapolis	Maryland.
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt	23a	BUR AL, CREMATION, 23b D		F CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(Caunty) (State)
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Page 1 4 d				Anne	Arundel (	Gen. Ho	spital °	Newb	orn	,	
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ate be a scient and		Robert		Sylveste:			Ange	la	Denile	Butle	er
rate b sician slease and i	láa. V	/AS DECEASED EVER IN , no, or unknown)		FORCES? 16b	b. SOCIAL SECURITY NO	) 17 INFO			Address		
ertificate b physician hen please naval, and i	163	No	, , , , , , , , , , , , , , , , , , , ,	or our services	None		Hospi	ital R	ecords.		
law requires that the death certificate be executed anding physician.  been signed by the attending physician and comple side bund-transit permit. Then please remave calliar to bund, crematian, or remaval, and in any even does not desire to name the		8 CAUSE OF DEATH (	Enter anly	ane cause per line fa	y (e), (b) and (c))					APPROXIS	MATE INTERVAL NSET AND DEATH
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ding posen si		1 0 (((6) ) 0(() )	THE COME	THOMS CONTINUED THE	TO DEATH DOT NOT	RELATED TO TH	IL TERMINAL DISEASE OF	A CONDITION	OITER IN PART I(G)		
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		at Direct of Otenarion	1,0.00	MOTITOR TO THE COLOR	JI EKATION THAS ! EKI	OKHLD	YES NO		AUSES OF DEATH?	CONSIDERED IN CE	KIPTING
OR ATTENDING PHYSICIAN: The peretained by the haspital ar attentificate has a shauld be detached far use a sed with the State Dept. af Health procher is unwed and	1 E 7	a. ACCIDENT WAS UN	IDERLYING	216 TIME OF INJ	HIDV	late Hotel			injury in Part 1 or Part 2	10.	
A He for the		TOR CONTRIBUTING TT CAU	SE DF DEATH	HOUR A.M. M	lanth Doy Year	Zrc. non	INJURE OF CORRED (EU	irer noture di	injury in Part t or Part 2	., Ifem 18.)	
SIC spile red red we		f either, notify medica	examiner	P.M.	HOME FARM STORET FACED	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100				
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ING Pay the retrest that the Contract of the c	al	MOIK OI WORK					000	10		1.0	
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She stair	2	26 SIGNATURE	11	1	//	/)				C DATE MIGNED	7
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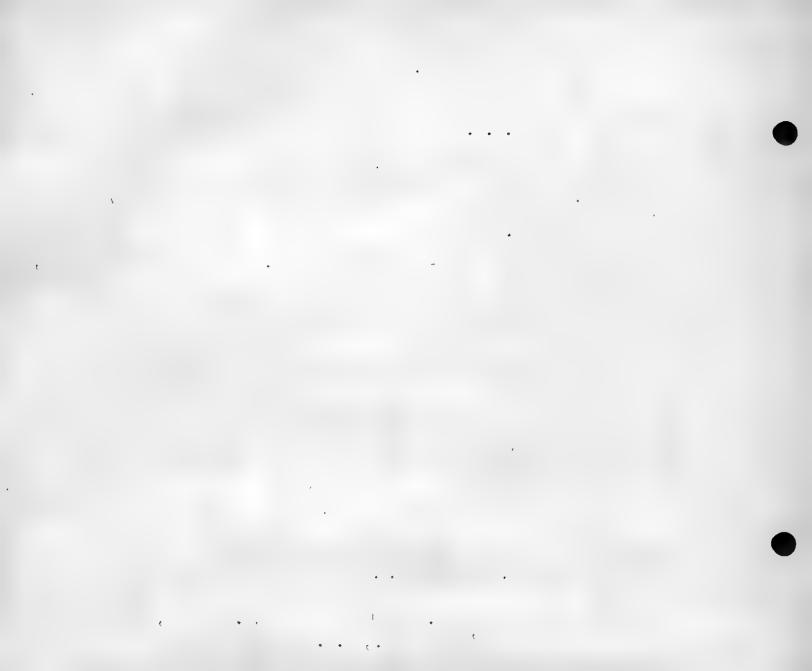
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		00128	DIVISION OF VITA			OF DEATH	OKE, MAR	TLAND 21201		
	1 0	CEASED NAME First		Middle	lo		O. DATE OF F	CATU	60121	Star House D
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in 24 ho illed in papers hin 72 h		Maryland	U.S.A.		/IDOWED	DIVORCED		Arundel	12b KIND OF E	Md.
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No	14 1	ATHER S NAME First	Middle	Last		ERS MAIDEN NAME First		Middle Middle	DITAG	Lost
be e rer	14.	James	L.	Cain	13 (10)	Clara		Medie	Panco	
ate iction leos anc	160	WAS DECEASED EVER IN U.S. ARM	te nt dates of conoce)	SOCIAL SECURITY NO.	17 INFORMA			Address		
Phys en P		es, no or unknown) (If yes give wi	2	17 05 9	994 M	illard Ca	in 1	417 Rowe		
PHYSICIAN: The law requires that the death certificate be executed within 24 hours the hospital or ottending physicion. This certificate has been signed by the attending physicion and completely filled in by etached for use as the burial-transit permit. Then please remove carbon papers P. Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours.		18 CAUSE OF DEATH (Enter and PART 1. DEATH WAS CAUSED IMMEDIA  Canditians, if ony, which gove) rise to Immediate cause (a).	DUE TO, OR AS A CO	ONSEQUENCE OF	20	celver	As .		BETWEEN ON	ATE INTERVAL SET AND DEATH
es the licion. ed by al-tror al, cre		stating the underlying couse last.	DUE TO, OR AS A CO	ONSEQUENCE OF						
requin j phys signe buric		PART 2. OTHER SIGNIFICANT CON		O DEATH BUT NOT R	ELATED TO THE TE	ERMINAL DISEASE OR CON	IDITION GIVEN	IN PART 1(o)	<del>:</del>	
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The rotte ouse of the pull by	CERTIFICATION		JV			YES NO NO		OF DEATH?		
CIAN: ital o ifficate for a	MEDICAL CI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Man	th Day Year 19	21c. HOW INJU	JRY OCCURRED (Enter n	oture of injury	in Part 1 ar Port 2,	Item 18.)	
PHYSI he hosp this cert etached	Jäg.	21d IN. JRY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HO)	ME FARM, STREET, FACTORY, BUILDING, ETC.		Street or R.F.D. No.	. `	r Tawn	Caunty	Stote
ed by t t: Affer ild be d he State		22a. I certify that (I) (thi saw the deceased al causes stated abave	s haspital attended	the deceased 1	fram C	in (my) (aur) apıni	, taan death/as	curred an the do	57, that ite and haur o	(I) (we) last and fram the
OR ATTI		22b. SIGNATURE	Till the	Ta (		ITTENDING MED	CTOR 🗆	STAFF 22c.	DATE SIGNED	9
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physicion. To FUNERAL DIRICTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health priar to burial, creasing the state Dept.		22d. PHYSICIAN'S NAME (Type) / J. P.	FRIEDHAI		2:	20. ADDRESS 4.0	HTJ	IT, BALT	Mo. 2	1230
HO; age 4 FUN irect	230	BURIA., CREMATION, 23b. D		23c NAME OF CEM				(City or Tawn)	(County)	(Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			23/69	Mt. Hol	ly Cem	2Sa. REC'D BY I	Onan	cock, V		
VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR Raymond C. F	ink Glen	Burnie	, Md.	DATE AN			May great	ige.



	1			ND STATE DEPARTMENT OF H		
,		90129	DIVISION OF VITAL RECORDS	i, 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MURE, MARTLAND 21201	129
€ = 2 €		ECEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOURD
death. neral ond 2 deoth.	,	Type or print) Charle	es Ottis	CARROLL	January 28	1969 6:00 M
ter ter	3. 5	EX	4. RACE	S. DATE OF BIRTH	6 AGE (In veors	IF UNDER 1 YEAR IF LINDER 24 HRS.
N		Male	Negre	July 3, 188	4 lost bythday)	MONTHS DAYS HOURS MIN
hours after death hours after death hours after death	70	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
4 2 2		Maryland	U.S.	WIDOWED DIVORCED	Anne Arundel	Md.
	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II	NSTITUTION (If not in hospital 120 100)	L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
39313	L	Annapolis	Anne Arundel	Gen. Hospital	of working to every fretired.)	INDUSTRY
e executed and complete remove can any event	130. odm	JSUAL RESIDENCE (Where deceosedusion) STATE Maryland	d lived, if institution Residence before 13b. COUNTY Anne Arundel	Annapolis YES NO	THE PROPERTY OF THE PARTY OF TH	D3
TY E		FATHER'S NAME First /	M dde, Lost		XX 156 Bestgate	ROBO
The low requires that the death certificate be executed attending physician. has been signed by the attending physician and complise os the billiol-transit permit. Then please remove cath prior to buriol, crematian, or removal, and in any even	-	Jan Rly	in Tannak	IS MOTHERS MADEN NAME FOR	tst Muddle	111/11
ate lician sleas		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b SOCIAL SECURITY	NO 17 NFORMAN	Address/	11/10
ne death certificate b ottending physicion permit. Then please ion, or removal, ond i	L	es, no, or onknown)	or edited of service)	CHARLEO.AC	arroll Ma	ah. Ge
ing ing		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one couse pertine for (o), (b) and (e	9 1- 1/2	1 - 61.0	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
rend mit.			E CAUSE (0)	problet temor	Mage CIH	1 JUHRS
he of per		-i x ox	DUE TO, OR AS A CONSEQUENCE OF			1111111
ot the sit f		Conditions, if ony, which gove a nise to immediate couse (a)	(b) Heffecten	eive ASCID		gears.
s th cian. d by tra		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	F		
equires that the physician. signed by the barriol-transit i buriol, cremati			(c)	NOT RELATED TO THE TERMINAL DISEASE OR CO	MIDITION OWEN IN DARK ALL	
The low requires the attending physician. has been signed by se os the barriol-trar h prior to buriol, cre		THE STORM CARE CORD	MOR CONTROLLO TO DEATH BOT F	AOT KETATED TO SHE TERMINAL DISEASE OKEE	INDITION GIVEN IN PART (0)	
low ndir bee s th	ĮĮ.	196. DATE OF OPERAT ON 196 CO	ONDITION FOR WHICH OPERATION WAS P	ERFORMED 200 AUTOPSY?	206 IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
The low ratending attending has been se os the haprior to	CERTIFICATION			YES NO XX	CAUSES OF DEATH?	OND DEATED AS CENTIN 11110
N: or ore ore eoth		21o. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2.	Item 18.1
Pitcia Pitcia of E	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	r) HOUR A.M. Month Doy Yeor	19		
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exerpage 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditionary, page 3 should be detached for use as the barriol-transit permit. Then please remo should be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in any	WE	21d. INJURY OCCURRED 21e PI	LACE OF INJURY ( AT HOME FARM, STREET F)	ACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
the deli		OF WORK OF WORK	1. 3/4-7. 1.1.1	16	0 - 120-201	_
PIN Fiby After After I be		sdw the deceased a iv	hospital) attended the deceos	1904, and that in (my) (pur) op n		to and hour and from the
OR:	1	couses stated above.	(I) (we) (did) ( <del>did no</del> t) view the	body ofter deoth.	non acompositorica on the ab	se wild from one from the
OR ATTENE be retained DIRECTOR: A e 3 should ed with the		22D SIGNATURE	stor. 21	DEGREE PHYS ME	D C STAFF C	DATE S GNED
AL O Vy by Oge		22d. PHYSICIAN'S	moun 11	DEGREE PHYS DIF	RECTOR L PHYS L /	-29-6909
SPIT/ F mo ERA ar, p d be		NAME (Type) ETER	. r. VERKOUW		Drive, Annapol:	is, Md.
TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fil	230	BURIAL CREMATION, 23b DA	TE, 1000 23c NAME OF	CEMETERY OR CREMATORY	200 TON (City or Town)	(Kounty) (Spots)
5 5 5 5 V	1	SWill D	1-1747 3-8	nxerx 1	MANGUE	Evel 11/2
VR AIS	24	FUNERAL D DECTOR	ADDRESS	a MA PEB	REGISTIAR OF CHISTRAR'S	UGNATHRE
45M - 1240	I/L	1 xuanno	WILL I MANIE	AT DATE	3 1000	10



n -		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0130
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN A Month D	oy Yeor 25 HOUR
	(	Type or Print)  WALLACE  E.  CARROLL  OF ESTI- DEATH MATED 1/26	19 69 M
2, and 3 to PM3. Page Pgartment of	3. SI		2d HOUR
y de		ale Negro 5/26/34 34 YRS January 26.	Yeor 1969 1:30 A.M
hin 24 hours after death any delay is nat in Item/18. Gave Pages 1, 2, and 3 to niner's Office offing with form PM3. Page pages I and 2 with the State Department of hours after death.	7o l	MIDOMES   DIVOKED   TITLE INTERIOR	Md
death with form	I	Annapolis Affine Artificial Gen. Hospital duning most of working life, even if retired) N	THE KIND OF BUSINESS OR IDUSTRY
of the Adenth	13o o	USUAL RESIDENCE (Where deceosed ved, if institution: Residence before 15c CITY OR TOWN   13d INSIDE CITY DIMITS?   13e STREET AND NUMBER   Upper   Warlboro   YES   NO   General Deliver	27657
hours literary Office 1 and 2		ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 hours in Item I in Item I office it's Office is 1 and 2 ors after c		James R. Carroll Essie	
		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown) (Hyas give wor or doftes of service) 215-30-6400 Janjes R. Carroll Upper V.	rlboro, M&
d w in p Exc in 7%			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rute ng' dical mit		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of thorax	Herrican and the second
exe endi Me nt pe		165 DUE TO, OR AS A CONSEQUENCE OF	
1 be Jimf ransi		Conditions, if any, which gave a rise to immediate cause (a).	
should be executed with word "pending" in perior the Chille Medical Example buriol-transit permit. File I in ony event within 72		stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
the sh to 1 bur		(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
ing dell dell dell , an		TAKE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DESCRIBE TO THE RESIDENCE DISCOVERY OF CONDITION OF SHEET HOSTING	
inter: This certificate to certificate, writing the should be farwarde tiles. Should be used as a strong or removal, and	MEDICAL CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
ote, e for rem	ZIIFIC	WAS PERFORMED?	YES X NO
in Tiffice Id by July 1	9	21a. EXTERNAL CAUSE WAS 21b. TIME OF IN. JRY Month, Doy, Year PRIMARY X OR CONTRIBUTING 12: 60 RAM. 1/26	1 18}
NER ref hou lles. sho	VEDIC	CAUSE OF DEATH midnioth 1/20 19 09 1	County State
TY DICAL EXAMINER: This certificate by please execute the certificate, writing the real director. Page 4 should be forwarded to be retained for your files.  **AL DIRECTOR: Page 3 should be used as a barrior to burial, cremation, or removal, and	_	WHILE WOLLD WHILE TO foctory, office building, etc.)	•
L EXA ecute Poge or yo, or yo, idl, cre		22a. I certify that I taak charge af the remains described above, held an Autapsy XI, Inspection [], Inquiry [].	
CAL exe exe critical burrie		death resulted from Natural rauses , Accident , Suicide , Hamicide X, Undetermined manner	
please I direct retaine		CHIEF MED CAL EXAMINER	
AL CAL		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X 22b DATE SI	
TO DEPUTY DICAL EXAM necessory, please execute the funeral director. Poge 4 S may be retained for your TO FUNERAL DIRECTOR: Poge Health prior to burial, crem		EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MED CAL EXAMINER [] January ADDRESS(Street, city, town, or county)	27, 1969
5 5 # N 5 #	230	PEMOVAL (Specify)	(State)
~ ()	270	Burial 2-1-69 St. Mary's Church Cend. Croom, Mary	CMATHRE
VR ATSME	n	duviral presions uneral Home Inc address 250 RECO BY REGISTRAR 256 REG STRARS SIG	
10M REV 1188	1	DATE JAN 3 (1 300)	0 9



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
	1	0013 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00131
FOR STATE	L.,	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00102
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month (Type or Print)  OF EST.  DEATH MATERIAL DESTRUCTION  OF LOST  DESTRUCTION  DESTRUC	
3 to 3 to 4 at at		DEATH WAILD 1	24 KG 19 M
dela 3	3 5	last britished) MONTHS DAYS HOHRS MAN	2 4 Year 69 2d HOUR
ny delay 2, ana 3 2, ana 3	-	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24 Yeor 169 17 M
		BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
ges 1 farm gare D		Maryland USA   WIDOWED   17. /3. C.C.	Md
\$ \$ T	1	and the standard address of the standard standar	
Give death Give Roges ang with far Mh the State	1/2	D USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c (1TY OR TOWN 13d MISSING CITY LIMITS? 13e STREET AND NUMBER	1.
3 8		odmission) STATE Md 13b COUNTY A.A. Pasadena YES NO X Green Gable	s Rt 1 Box 110
haurs of them 18 Office of 1 and 2 w after dec	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
4 + 1 0 s of s		Roy H. Cassel Mary Watts	
thin 24 encil in miner s pages hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? TIGH SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
within pencil xamıne ile page 72 hou	- 13	Yes, no, or unknown) (Hysters and or detes of service) 215-07-4982 Mrs Many E. Cassel Same as	13e
ed within per I Exan		18. CAUSE OF DEATH (Enter only one couse per I ne toc. (5), (b), one (5)	APPROX MATE INTERVAL BETWIEN ONSET AND DEATH
be execute "pending" ief Medical nsit permit		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Lege hoses Pener	
exe andi Me t pe		DUE TO, OR AS A CONSEQUENCE OF	24/4
hief onsi		Conditions, if any/which gave rise to immediate cause (a), (b)	
uld rard ie Cl		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sha e w a th ourse in		(c)	
TY DICAL EXAMINER: This certificate should be executed within 24 hours y, please execute the certificate, writing the ward "pending" in pencil in Item I and director. Page 4 should be forwarded to the Chief Medical Examiner's Office be retained for your files  **AA DIRECTOR: Page 3 should be used as a burial transit permit. File pages I and 2 prior to burial, cremation, or removal, and in any event within 72 hours after a second particular to burials.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rritin rritin vard val.	NOF	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	2D AUTOPSY?
forv forv	MEDICAL CERTIFICATION	WAS PERFORMED?	YES NO
Thi icat be d be ar r	CERT	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,	
ertification in a control of the con	₹	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	.,
INER Ine Cer shaul files 3 sha natian	WED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
necessary, please execute the cert the funeral director. Page 4 shauls 5 may be retained for your files of FUNERAL DIRECTOR: Page 3 should health prior to burial, cremation.		WHILE AT WORK AT WORK AT WORK	
AL EXA execute in. Page of far you urial, cre		22a. I certify that I took charge of the remains described above, held an Autopsy , inspection , inquiry	and in my apinian
bica please ev director. estained DIRECTO		death resulted from Natural causes, , Accident , Suicide , Hamicide , Undetermined manne	
please direct direct retains or ta bix		CHIEF MEDICAL EXAMINER	
AL AL			TE SIGNED
ssan fune fune NER		CAMBRILLY (A ALC) VITA	-24-69
necessary, if the funeral 5 may be roof for Funeral Health prior	00	NAME (Type)  ADDRESS(Street, city, town, or county)	4 1. 00.
5 + 2 5 4	230	BUR AL CREMATION, PREMOVAL (Specify)  23c NAME OF CEMETERY OR CREMATORY  23d OCATION (City or Town)	(County) (Stote)
- 0	24	Burial 1/28/69 Baltimore National Baltimore Co,	
VR A15ME (5)		Balt Md. 21228  Wm. Cook-Brooks West Inc 6212 Balt. Nat PowAN 3 1 1969	
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1.	1	10 0 1 3 J DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
,		CERTIFICATE OF DEATH 00133
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he death certifi e ottending phy: permit. Then p ian, or removal		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Level Months and Death
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The la attend attend hos b se as the prior	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  YES NO CAUSES OF DEATH?
YSICIAN: The law rospital or attending certificate hos been had for use as the street of Mealth prior to	MEDICAL CE	21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Port 2, Item 18)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year   (If either, natify medical examiner)   P.M. 19
Page 4 may Le retained by the haspital or attending physicion.  C FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion.  director, page 3 should be detached for use as the burial-transit permit. Then pshould be filed with the State Dept. of Elealth prior to burial, crematian, ar removal.	WE	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City of Town County State of work
IDING I IIy th After I I be d	1	22a. I certify that (I) (this haspital) ottended the deceased from, 19, to, 19, that (I) (we) last saw the deceased alive an, 19, ond that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death.
ITEN Ounlid Fox: hould th the	L	causes stated abave, (I) (we) (did not) view the body after death.
OR A DIRECTOR A SIGNATURE	1	22b. SIGNATURE day m don'th DEGREE ATTENDING MED DIRECTOR
SPITAL 4 moy fERAL or, poi		22d. PHYSICIANS RAY M. SMITH. 22e. ADDRESS PROF. BLDC SOUS RAN PR MD.
TO HOSPITAL OR ATTEN Page 4 may Le retonner TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	230	BURIA, CREMATION 236. DATE 230, NAME OF CEMETERY OF CREMATORY (STORM) (City or Town) (County) (Store) PRINCIPLE (STORM) (STORE) (STORE
VR A15 (4)	24	FUNERAL DIRECTOR TO SONG ANALYSIS MD DATE AND LOCAL SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH



<del>//</del> 1 7/1	MARYLAND STATE DEPARTMENT OF HEALTH  O O O DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		0134
HEALTH DEPT.	1. DECEASED NAME First Middle Last 20. DATE KNOWN X Manth	Day Year 2b HOUR
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ony deloy is 2, and 3 to 7 PM3, Poge eportment of	3 SEX 4 RACE S DATE OF BIRTH 1 9 3 O 6 AGE (In years IF JINDER 1 YEAR IF UNDER 24 MRS 2C, DATE PRONOUNCED DEAD Months DAYS HOURS MIN. Month Day	Yeor 2d Hour
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	To BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH  COUNTRY   WIDOWED   DIVORCED   Anne Arunde1	Md
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ithin pencil pencil pe pag	(Yes no ar unknown) (If yes the war or dales of service)	~25 
ICAL EXAMINER: This certificate should be executed with execute the certificate, writing the word "pending" in perfor. Poge 4 should be forwarded to the Chief Medical Exact for your files CTOR: Page 3 should be used as a buriol-transit permit. File burial, cremation, or removal, and in any event within 72	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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告등 음 .	21d EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, It	em 18.)
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MIN the 4 st Ur fin emo	WHILE NOT WHILE factory, office building, etc.)	County State
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o DEPUTY necessory, the funerol 5 may be r 0 PUNERAL Health prin	NAME (Type) Werner U. Spitz, M.D. ADDRESS(Street, city, town, or county)	
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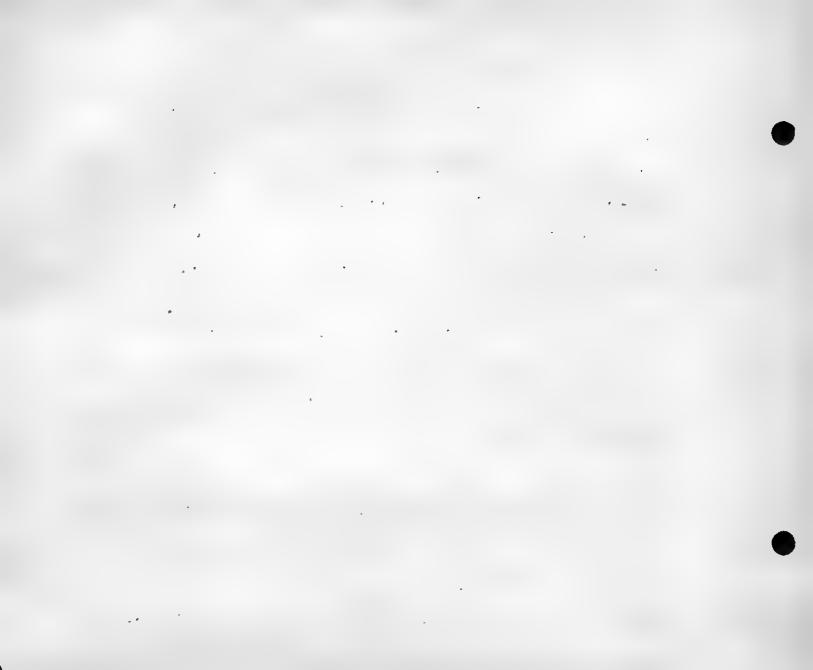


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AL AL Degge		22d. PHYS CIAN S	70 0 00	1	22e. ADDRESS			-
ro Hospital or Page 4 may be ro to Funeral Dire director, page 3 should be filed w		NAME (Type) Charl	es R. Venter,	M.Ď.	X Crowns	ville State Hosp	oital, Ma	aryland
HO.	23o	B IRIAL CREMATION, 236. T	DATE 23c.	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
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30M REV WAR					DATEFEB	28 1969 20le	man Cis	lat

MAKTLAND STATE DEPARTMENT OF HEALTH

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7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
12		00133		CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	3 '7		
جادي د	1 D	ECEASED NAME First	Midd.e	lost	20. DATE OF DEATH	2b. HOUR		
e de la contraction de la cont	- (	ype or pnnt) Henry	Becker	COOKE, Sr.	January 12Day	1969 1:00 M		
5 E-12	3 \$		4 RACE	5 DATE OF BIRTH	6. AGE (In years	IF JINDER 1 YEAR IF JINDER 24 HRS.		
£ 255		Male	White	Feb. 20, 188	leart buttoniau	MONTHS DAYS HOURS M.H.		
by 1 Pa	70	RIPTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?		9, COUNTY OF DEATH			
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e e c	13a	USLAL RESIDENCE (Where deceased	d lived, if institution Residence before	13c CITY OR TOWN 13d INSIDE CITY L	M 152 13e. STREET AND NUMBER			
cam ave		ssion) STATE Maryland	Anne Arundel	Gambrills YES NO	X			
nd an an	34	ATHER S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME F	irs† Middle	Last		
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The part of the pa	CERTIFICATION			YES NOTES	CAUSES OF DEATH?			
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Short and the state of the stat		226 SIGNATURE	1 (///)		22с Г	DATE SIGNED		
OR ATTENDING be retained by th NRECTOR: After i e 3 should be d		Allow	41/2/2016	DEGREE PHYS D	NED STAFF IRECTOR PHYS	1-12-10		
ALL D ALL		220 PHYSCIANS	WALL STATES	22e. ADDRESS	INLETON CO TRIS CO	13-61		
FRA ERA		NAME (Type) Edward	S. Beck, M.D.		n St., Annapolis,	Md.		
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. at Illealth prior to	23α	BUR AL, CREMATION, 23b DA	TE 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION (City or Tawn)	((aunty) (State)		
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00133 00138 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH 2b. HOUR 1 DECEASED-NAME First and 2 death. be executed within 24 haurs after death Manth funeral {Type or print} F. :30a M Joseph. Cougler A RACE S DATE DE BIRTH 6. AGE (In years F JNDER 1 YEAR signed by the attending physician and completely filled in by the fur burial-transit permit. Then alease remave carban papers: Pages 1 burial, cremation, ar remaval, and in any event, within 72 haurs after 3. SEX DAYS last hirthday) MONTHS HOURS Male White 9/29/24 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED Maryland DIVORCED [7] US A WIDOWED [7] Anne Arundel 12g. USUAL DCCUPAT ON (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
Crownsville State Hospital Fireman Patapsco & INDUSTRY Back Crownsville 13a. USUAL RESIDENCE (Where deceased lived of institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LINGTS? 13e STREET AND NUMBER odmiss on) STATE Maryland 136/COUNTY YES . NO 🗀 Raltimore 315 Kresson Street 14. FATHER'S NAME First Lasi 15 MOTHER'S MAIDEN NAME First Margaret Bruner Cousler James 16b. SOCIAL SECURITY NO 17 INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) 216-16-8457 Yes na, or unknown) Hospital Records, Crownsville, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Severe acute pulmonary edema, congestion and DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) (b) focal atelectasis rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to large. chronic brain syndrome. Focal pneumonia: dilation of stomach. 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀x NO | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY or contributing cause of beath (If either, notify med car examiner) HOUR A.M. Manth Day Year P.M. 21e. PLACE OF INJURY (AF HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State 21d INJURY OCCURRED While Not while at work WA DEGREE ATTENDING DIRECTOR PHYS 220. ADDRESS Crownsville State Hospital, Maryland 22d. PHYSICIAN'S Charles R. Venter, M.D. 23d LOCATION (City or Town) 235 DATE 2/5/69 23c NAME OF CEMETERY OR CREMATORY (County) 23g. BURIAL, CREMATION, REMOVAL (Specify) Baltimore, Maryland Balto. National Cemetery 25b REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR John J. Duda. 7922 Wise Ave. Dundalk. Md. DAREB illemiles Judge 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

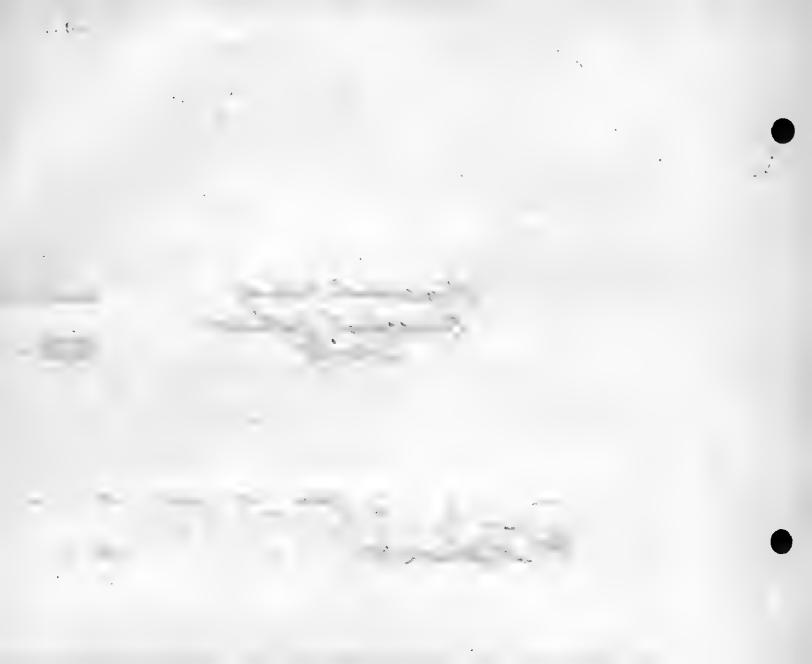


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ne death certificate b affending physicion permit. Then pleose ion, or removal, and i	F	10 CAUSE OF BEATH (Fotos co	1, 214-05-6 ily one cause per line for (a), (b), and (c)	208   Hospital Reco	rds, Crownsville,	APPROXIMATE INTERVAL				
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YSIC nospi cert cert ched pt. o	MED	214 INTUDY OCCUPPED 21a	ner) P.M. 1 PLACE OF INJURY ( AT HOME, FARM, STREET, FA	(TORY.) 21f. LOCATION Street or R.F.D. No.	a. City or Town	County State				
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ING by t frer be d		22 Landing About 11 tal.	is haspital) attended the deceas	ed fram 12/21 , 19	68_, to1/24, 19£	69, that (I) (we) last				
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OR ATTENI OR ATTENI De retained INVECTOR: A je 3 should ed with the		4	y ozacz	DEGREE PHYS.	MED. DIRECTOR D STAFF D 1.	/24/69				
TAL NO.		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS	le State Hospital,	Maryland				
SPI 4 n tor,			DATE TO CHARGO			(County) (State)				
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL BINECTOR: A director, page 3 should	230	BUR.AL, CREMATION, 23b REMOVA (Specify)	17.69 11.011	de Wed John	23d. LOCATION (City or Town)	740 d.				
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*	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	It	cemll FilmG4.79 2/13/69 kk CERTIFICATE OF DEATH
er death. funeral i ond 2	1	DECEASED-NAME (Type or pnnt) MARY LOUISE DIXON 20. DATE OF DEATH 2007 198019 MM
affer tu	3 5	
Ani by		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED POWDED DIVORCED POWDED ARUNOE! CO Md.
(V with Tille		CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)  12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY  COALTRESS
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be exe	14	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Mahoney  Charles V. Lentz Magdeline Mahoney
ertificate be execution physician and complete remove oval, and in any every	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no., or unknown) (If yes give wor or doins of service) 228-30-4622 Curtis Dye Edgewater, Md
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JING PHYSICIAN: by the hospital or feet this certificate be detected for us State Dept. of Heal	ਤੱ	21a ACCIDENT WAS UNDERLYING  OR CONTRIBLITING CAUSE OF CRAIM  (If either, natify medica, examiner)  21b TIME OF INJURY  12c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)  14c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
S PHYS the hos this ce detache e Dept.	MED	21d INJURY OCCURRED While Not while at wark  21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY)  21f LOCATION Street or R.F.D. Na.  City or Town  County  State
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TO HOSPITAL OR ATTENUE Poge 4 moy be retained TO FUNERAL DIRECTOR: A director, poge 3 should should be filed with the		226 SIGNATURE  MED STAFF   22c DATE SIGNED  1-30-69
O HOSPITAL OR Poge 4 moy be 1 O FUNERAL DIRE director, poge 3 should be filled v	077	22d PHYSICIAN'S William Stephens M.D. 22e ADDRESS NAME (Type) William Stephens M.D. 22e ADDRESS CORNhill St. Annopolis, Md.
TO HC Poge TO FU direc	1	BURIAL (REMATION. 236 DATE / 23c. NAME OF CEMETERY OR CREMATORY 23d. OCATION (City or Town) (County) (Stote)  FUNCTION ADDRESS / 250. RECD BY REGISTRAR 250 250 MORE AS A TEMATORY  ADDRESS / 250. RECD BY REGISTRAR 250
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章 2章 4	3. SEX	4 RACE	5 DATE OF BIRTH		F UNDER 1 YEAR 1F UNDER 24 HRS.  UDN'HS DAYS HOURS MIN
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A A	7p BIRTHPLACE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY?	MONKVIED MEACH WORKSED	9. COUNTY OF DEATH	
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rsic ospi certi hed t. a	OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam 21d. INJURY OCCURRED 21e	ner) P.M. 1 PLACE OF INJURY / AT HOME, FARM, STREET, F/	9 21f. LOCATION Street at R.F.D. Na.	City or Town	County State
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	24. FUNERAL DIRECTOR	ADDRES:		REGISTRAR 25b. REGISTRARS S	IGNATURE
SOM REV TOOL			DATEEB	28 1969 Thurs	120 1 10 Ca.



_	1			ND STATE DEPARTMEN		
1		0014:	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREI CERTIFICATE OF D	ET, BALTIMORE, MARYLAND 21201 FΔTH	00141
. 62.	ī D	CEASED-NAME First	Middle	lost	2g. DATE OF DEATH	2b. HOUR
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P 200	3. 5		4. RACE .	S. DATE OF BIRTI	H 6 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HPS.
at s		emale.	white	MAR 24	1906 Plast birthday) YRS	MONTHS DAYS HOURS MIN
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within 24 mithin		ITY OR TOWN OF DEATH	iii. NAME OF HOSPITAL OR I give street address)	NSTITUTION (If not in hospital	120 USUA, OCCUPATION (Kind of work done during most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
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cert g pł Then mov	F	18 CAUSE OF DEATH (Enter only	one couse per line for (a) (b) and (	d) 1 . 1 . C	1 1	APPROX MAYE INTERVAL BETWEEN ONSET AND OEATH
he death cer att≡≡dng p permit. The ian, or remo	П	PART I. DEATH WAS CAUSED I	one couse per line for (a), (b), and (	rdial inta	retion	Tramadiate
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t the	L	Conditions, if any, which gave	(b) arteri	oselerotic	heart disease	years
that an. by i		rise to immediate cause (o), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE C		•	/
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phy sign bur bur		PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	/1 - / /	DISEASE OR CONDITION GIVEN IN PART 1(a)	
rw r ding leen the	8	16 DATE OF OPERATION 101 CO	MONTON FOR HUNDLE ORDERTINE WAS	() cabetes me	//itus	CONSIDERED IN CERTIFYING
he lo utten nas b as b e as b	HICATION	196. DATE OF OPERATION 196. CO	NOITION FOR WHICH OPERATION WAS	PERFORMED 20g. AUTOPS' YES [7]	NO CAUSES OF DEATH?	CONSIDERED IN CERTIFIING
A: T ar o ar o r us	8	21g ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCCUR	RED (Enter nature of injury in Part 1 or Part 2	?, Item 18.)
C CAU	ğ	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine)	HOUR A.M. Month Day Yea	19		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shavid be detached for use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, crea	MEDI	21d INJURY OCCURRED 21e Pl While Not while	ACE OF INJURY ( AT HOME FARM, STREET OFFICE BUILDING, ETC.		ar R F D No. City ar Tawn	County State
NG V # A		22n   certify that (1) (this	haspital) attended the decec	sed fram Jain	19 61 to Jan 2 1	9 67, that (1) (we) last
NDING d by the After d be d	П	saw the deceased aliv	e an Jan 7	19 <b>69</b> , and that in (my)	(aur) apinian death accurred an the	date and hour and fram the
TTE gine one of the	П		(I) (we) (did) (did not) view th	e badý otter death.		
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AL On Page page file		22d. PHYSICIANS	1-0-11	22e. ADDRE		In land
A m 4 m NERA tor, I lid be	L	NAME (Type) Willar	a F. Smith		Mady Side,	101014 long
TO HOSPITAL Page 4 may TO FUNERAL I director, page shauld be fill	230	BURIAL, CREMATION, 23b. DA REMOVAL (Specify)	TE 230 NAME O	AYMONY	23d. TOCAT ON (City or Town)	(County) (State)
	24	FUNERAL DIRECTOR	/ / ADDRE			S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS: 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (0142 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First . DECEASED-NAME 20 DATE KNOWN Middle Last Month Day Year 26 HOUR delay 1. (Type or Print) PATRICK DORSEY 1969 1 au DEATH MATED 4 RACE IF JNOER 1 YEAR IF UNDER 24 HRS 3 SEX S DATE OF BIRTH 6. AGE (in years 2c DATE PRONOLINGED DEAD 2d. HOUR 18 vs January 1. Yeor Male White 1 am 5 June 1950 7a BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Washington D.C. along with farm WIDOWED [ DIVORCED [ Anne Arundel TISA the State TO CITY OR JOWN OF DEATH
Gleb Burnie 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired ) INDLSTRY g.ve\_street\_oddress)rundel Hospital Student. 130. USUAL RESIDENCE (Where deceased lived, if instrution Residence before 13c City OR TOWN death. 13e. STREET AND NUMBER 1305 Catwick Road 13b COUNTY Anne Arundel odmission) STATE Gen Burnie YES NO 🔀 Office and 2 after 4. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle lost Elda H. Johnson Francis hours Dorsev 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** be executed within the certificate, writing the ward "pending" in pencil 4 should be farwarded ta the Chief Medical Examin (Yes, no, or unknown) (If yes give war or dates of service) Father no - same as 13 File APPROXIMATE INTERVAwrthin 18. CAUSE OF DEATH (Enter only one couse per one for (o), (b) and (c) PART I DEATH WAS CAUSED BY-BETWEEN ONSET AND DEATH Injuries IMMEDIATE CAUSE (o)\_ event DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Ç removal CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES THE NO pe 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) Ь 21b. TIME OF INJURY Month, Doy, Year 3 should PRIMARY SOR CONTRIBUTING HOUR A.M. burial, crematian, Driver in auto-fixed object coll. 1969 CAUSE OF DEATH XX 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. Ctv or Town County Store FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK TO Md. Entrance Fort Smallwood Pk. A. A. Street 220. I certify that I took charge of the remains described above, held an Autopsy XX Inquiry , Inspection and in my opinion Natural causes , Accident KX Undetermined manner death resulted from Suicide . Homicide CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 1/1/69 **EXAMINER'S** TO FUNE Health NAME (Type) ADDRESS(Street city, town, or county) Edward F. Wilson, M.D. 23c NAME OF CEMETERY OR CREMATORY METERY 23o. BURIAL, CREMATION, 23b DATE 23d 10CATION (City or Town) (County) (Stote) REMOVAL (Specify) Owensville. AA. Our Lady Of Sorrows Church 4 Jan. 69 Burial 24 FUNERAL DIRECTOR 2Sb REGISTRAR 2So RECD BY REGISTRAR Kirkley Funeral Home, Glen Burnie, Md. DATE JAN 6 1969 VR A15ME (5)



		1			ID STATE DEPARTMENT OF I	
1	1	П	00144		, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	1MORE, MARYLAND 21201
7	. 61	-  -	DECEASED-NAME First	Middle	Lost	
·	death rerail and 2 death	ď	(Type or print) Roy	V	Dudley	January 95 Yeo 683:40
	hin 24 haurs after death. filled in by the funeral filled in by the funeral filled in by the funeral filled in Parkours after death		sex fale	4. RACE White	5. DATE OF BIRTH 1-30-17	6. AGE (In yours   IF UNDER 1 YEAR   IF UNDER 24 HRS.   IF UNDER 24 HR
	and and	. 7	BIRYHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH
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	within pa	,	Glen Burnie	give street oddress)	during m	AL OCCUPATION (Kind of work done ost of working life even fretired.)  Struction foreman McLean Cor
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	and on remay e		Maryland 4. FATHERS NAME First	Anna Arundel  Middle Last	IS MOTHER'S MAIDEN NAME I	irst Middle Lost
	and and rem	Π.				
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execoted Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compless director, page 3 shauld be detached far use as the burial-tronsit permit. Then please remained shauld be filled with the State Dept of Health prior to burial, cremation, or remayal, and in any evenity.		60 WAS DECEASED EVER IN U.S. ARI Yes, no, or unknown) (If yes give v	rat or datus of survice)	NO 17 INFORMANT	Address
	phy phy navo	ŀ			-7256 Mrs. Mary K.	APPROX MATE INTERVAL
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	AN: al or cate ar u					r nature of injury in Part 1 or Part 2, Item 1B.)
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_	R: A		causes stated above	e, (I) (we) (did) (did nat) view the	body ofter death	inian death occurred on the date and naur and from the
	ATI Sho sho		22b. SIGNATURE	0		MED STAFF 22c DATE SIGNED
	OR be 1		often C	Very MD.	DEGREE PHYS 🔼 E	NED STAFF   1-26-69
	may MAL Pag pag pag	/ [	22d. PHYSICIAN'S NAME (Type)	C P- I ND	22e ADDRESS Glen Buj	
	OSP 14 r 1NES INES	=	FEDIL		CEMETERY OR CREMATORY	
	是是是	2	_REMOVAL (Specify)			23d LOCATION (City or Town) (Caunty) (State)
	E-EWK	1	Aurial Ja 4 FUNERAL DIRECTOR	ADDRESS	25a RECDE	C Glen Burnie Maryland PY REG STRAR 256 REG. STRARS SIGNATURE
	30M REY SO		Singleton Fune	ray Hamp Aven Bu	rnie Md. DATEJAN	130 1969 July



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2 2 2		ECEASED NAME Fost	Middle		Lost		ATE OF OEATH	2b. HOURE
r deoth.		ype or print) LAWRET			DUNBAR	JA	44 1 4	1969*** 9:00
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24 yours after death edging the funeral agents of the funeral and 2 out officer death	70. (84 [1]	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED [ WIDOWED [	NEVER MARRIEDE		ne Arundel	M
NE NE CE		TY OR TOWN OF DEATH Fort George G.1	U + D + TALIED.	rough Army	Hosp du	inng BENY	PATION (Kind of work done prking its even if retired)	126 KIND OF BUSINESS OR UNDUSTRY ATMY
omplete	13a adm	USUAL RESIDENCE (Where decease ssion) STATE Delaware	lab. COUNTY Kent	efore 13c CITY OR Freder	TOWN Cole 136. INS	NO	13e. STREET AND NUMBER 201 Thomas	
be exe	14	ATHERS NAME First Olin	Single	eton	MOTHER'S MAIDEN ( Cathe)	rine	Middle	Neal Neal
tificate hysiciar n pleas val, ond	16a. Y	WAS DECEASED EVER IN U.S. ARA es, na, or unknown) Yes 1967	AED FORCES? 16b. SOCIAL SEC 14-1968 222-28		MFORMANT atherine l			ria, Delaware
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The lov ottendi hos be use os t ith prior	CERT.F.CAT.ON		CONDITION FOR WHICH OPERATION		20a AUTOPSY? YES 🔀	№ □	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH? Ye	25
SICIAN: spitol or ertificate ed far u	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination)	HOUR A.M. Month Doy	Year 19			af injury in Part I ar Port 2,	
G PHY: the host this ce defoche te Dept	×	at work at work	PLACE OF INJURY (AT HOME, FARM, ST OFFICE BUILDING, I				City or Town	Caunty State
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OR AT  OR AT  be reto  DIRECT(  3e 3 she  ed with		22b SIGNATURE	Holler	MAGER	1	MED DIRECTOR	PHYS 22	DATE SIGNED 2 Jan 1969
A moy NERAL tor, poor lid be fil			J. ROTHSCHILD, C				H ARMY HOSP, F	
TO HO Page TO FUI direct	L	BUR AL, CREMATION, REMOVAL (Specify)  23b	DATE _ 28 - 6 9 23c NA	ME OF CEMETERY OR	CREMATORY - > Ministrace	yar .	OCATION (City or Town)	(County) (State)
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	[ ] m	DDRESS &	230	EB 84 REGIST	1969 Billiane	SIGNATURE





MARYLAND STATE DEPARTMENT OF HEALTH

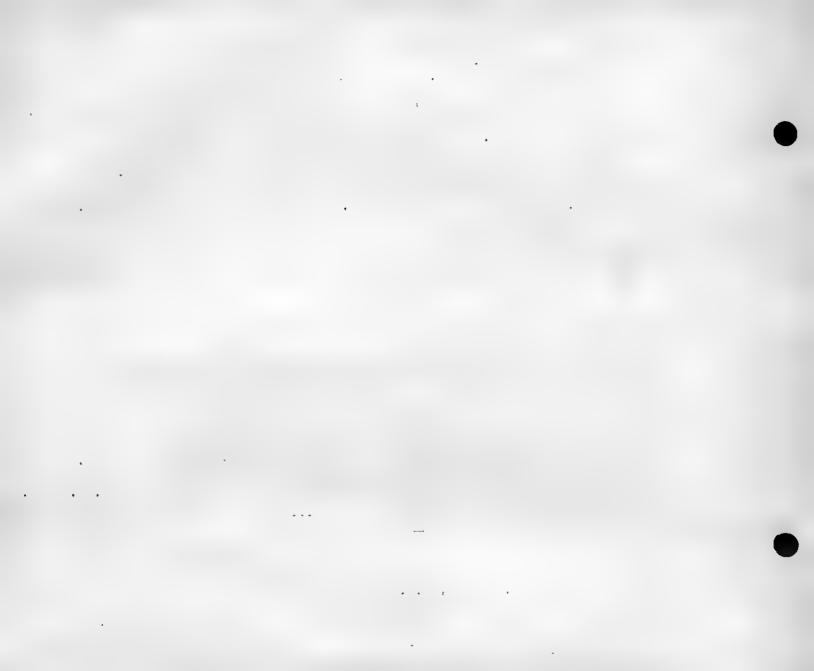


1 1			, 301 W. PRESTON STREET, BAI		
'	00148		CERTIFICATE OF DEATH		50147
uneral ges 1 and 2 after death.	1 DECEASED-NAME	First M ddle	Lost	20. DATE OF DEATH	2b HOURP
3	(Type or print) LeR	oy Hance	EPPS	January 18	°Y 1969 2:01 M
	3 SEX	4. RACE	S DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	Negro	January 18,	1969 YRS	MONTHS DAYS HOURS MIN
	To. BIRTHPLACE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARR EDEN	9. COUNTY OF DEATH	
1	Maryland	U.S.	WIDOWED DIVORCED	Anne Arundel	Md
3	10 CITY OR TOWN OF DEATH	III. NAME OF HOSPITAL OR II	ISTITUTION (If not in hospital 120 US	UAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
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Н	odmission) STATE Mary Land	eceosed lived, if institution. Residence before	TOC CITY OR TOTAL	THE STREET WIND HOUSER	
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ŀ	Donald 160. WAS DECEASED EVER IN U.S		NO 17 INFORMANT		ance Gabriel
П	Yes, no, or unknown) (If ye	give war or dates of service)		Address	
ŀ	No No	None		1 Records	APPROXIMÂTE INTERVA.
ı	PART I DEATH WAS C	er only one couse per une for (o) (b) and (c AUSED BY-			BETWEEN ONSET AND DEATH
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Ί	210. ACCIDENT WAS UNDE		YES NO J	_	
		RLYING 21b. TIME OF INJURY FORATH HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED (Ent	ter noture of injury in Port 1 or Port 2,	, Item 18.)
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ı	≥ 21d INJURY OCCURRED While hot while at work of work	210. PLACE OF INJURY ( AT HOME FARM STREET FO	CTORY ) 21f LOCATION Street or R.F.D N	o. City or Town	County State
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4	sow the decease	(the hissifial) attended the deceased of o ive on Jan. 18, pove, (I) (box) (did) (dataset) view the	ed from	69 , to Jan. 18, 19	19 <u>09</u> , that (I) NWS) last
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1	22b SIGNATURE	15 ()	ATTENDING	MED STAFF 22c	DATE SIGNED
1	mul	Mulle MI		MED STAFF DIRECTOR PHYS. D 1	/21/69
-	22d. PHÝSICIAN'S NAME (Type) NA	lson M. Chitterling,	M D Q5 Cat had	ral St., Annapoli	ie Md
-	110				
	230 BURIAL CREMATION, BURIAL CREMATION,	Jan. 27-69 Balt.	CEMETERY OR CREMATORY National U.S.	23d .OCATION (City or Town) Baltimore, Mar.	(County) (Stote)
1	24 FUNERAL DIRECTOR	ADDRESS		RNEEZETBR 1969 REGISTRAR	
	C.E.	Hicks Ill Annapoli	B. Md. DATE	414 CO 19 19 19 19 19 19 19 19 19 19 19 19 19	1) 11

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00148 00149 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME Middle (or Donald E.) 2a DATE KNOWN Month Yeor 2b HOUR (Type or Print) ESTI of EDWARD DEATH MATED FERRART 3 3 SEX 4. RACE IF UNDER 24 HRS S DATE OF BIRTH AGE In vegrs 2c DATE PRONOUNCED DEAD 2d HOUR June 21.1924 Ma1e 44 YRS White Tanuary 7a BiRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Baltimore U.S. WIDOWED [ DIVORCED Anne Arundel 19. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) Electrician Ft. INDUSTRY North Arundel Hospital Annapolis Meade 136 INSIDE CITY LIMITS? 138 STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13b. COUNTY Y odmission) STATE Drive YES NO ST Terrace Ac Item ofter 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Edward Helen Stevens Ferrari hours pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? within 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS ne certificate, writing the ward "pending" in pencil should be farworded to the Chief Medical Examina Ave. (Yes, no, ar unknown) 216-16-8718 ves Donna Lee Ferrari, dght, 6217 Birchwood File within be executed 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b) and (c)) BETWEEN ONSET AND DEATH permit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Injuries event DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate couse (a). any e shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 9 This certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, CERTIFICATION nseq 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate, YES 🔲 NO I 0 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) O PRIMARY E OR CONTRIBUTING cremation, 2:30xx 13 19 69 Driver in auto-fixed object coll. CAUSE OF DEATH 21d THIJRY OCCURRED 21e PLACE OF INJURY (At home form, street, 21f LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.)
Street WHILE MOT WHILE X Hammonds Lane Annapolis Md. 22a | certify that I took charge of the remains described above, held on | Autopsi/XI, Inspect on I Inquiry I and in my apinion death resulted fram Notural causes Accident XX Suicide | Homicide | Undetermined manner CHIEF MED CAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 1/13/69 **EXAMINER'S** 5 may 70 FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) Edward F. Wilson, M.D. 230 BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL(Specify) 1/17/69 Gardens of Faith Burîal Baltimore, Md. 24 FUNERAL DIRECTOR 25a REC D BY REGISTRAR 25b REG STRAR S SIGNATURE chimunek Funeral Home, Inc. 3331 Brehms Lane VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



, k 1		00150	DIVISION OF VITAL RECORD	S, 301 W. PI	RESTON STRE	ET, BALTIMOR	RE, MARYLAND 21201	30149	
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2 - 5	3 SI	X Male	4. RACE White		S DATE OF BIRTI		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MINE
within 24 haurs after by fulled in by the foan papers. Pages within 72 haurs affe		ity) I taly	76 CITIZEN OF WHAT COUNTRY?  I taly	WIDOWED (		D		rundel,	Md.
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rtıficate physicia en plea oval, an	16a	WAS DECEASED EVER IN U.S. ARME es, nano unknown) (If yes give war	ED FORCES? Ir or dates of service) 16b SOCIAL SECURI 216-32-6		nformant Louis Sa	abatino	Address 925 B reezewi	ick Circl	L <b>O</b>
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs aften a from the massion of the physician.  TO FUNERAL DIRECTOR: After this certificate las been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 haurs after the plants of the plan	EDICAL CERTIF CATION	PART 1. DEATH WAS CAUSED IMMEDIAT  Conditions, if any, which gave nise to immediate cause (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT COND  19a. DATE OF OPERATION  19b. CO  21a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF ORAH  (If either, notify medical examine and injury OCCURRED While Nat while and works.)	DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)  DITIONS CONTRIBUTING TO DEATH BUT  ONDITION FOR WHICH OPERATION WAS  ON THE CONTRIBUTION OPERATION WAS  OFFICE BUILDING, ETC.	DECARCION NOT RELATED TO	D THE TERMINAL D  200. AUTOPS  YES   DW INJURY OCCUR  DCATION Street of	OF R	20b. IF YES, WERE FINDING CAUSES OF DEATH? Te of Injury In Port 1 or Part	S CONSIDERED IN CE	State
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The Indian		IB. CAUSE OF DEATH (Enter an	nly one cause per line (or (a). (b), and (c	)) ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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The see by	CERTIFICATION			YES NO 🔀			
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1 %	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	m#2a. FilmGli09 2 MEDICAL-EXAMINER'S CERTIFICATE OF DEATH	151
HEALTH DEPT.	ECEASED-NAME First Middle Last 2g DATE KNOWN X Month Day	Year 2b HOUR
lay is Page Page	Type or Print)  CHARLES  FISHER  OF EST. DEATH MATED  Jan. 2	8 1969 M
\$ 2 mg	EX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 25 DATE PRONOUNCED DEAD lost burihday) MONTHS DAYS HOURS MIN MONTHS DAYS	2d HOUR
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ogh to start	LITY OR TOWN OF FATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 12g USUAL OCCUPATION (Kind of work done 12b)	KIND OF BUSINESS OR
haurs after death Item 18. Give Pages 1, Office along with form. 1 and 2 with the State per after death	Annapolis (DOA) Anne Arundel Gen. Hospital duging most of worling lift even if retired.) INDU	L'officero Cles
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e e e e	Md. Anne Arundel   Annapolis   39 Pinkney Street	
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AL EXA execute execute I far you VOR: Page Urial, cre	22a. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [], Inquiry [],	and in my apinion
ical E: executor. Page ed far crok: Purial, burial,	death resulted from: Natural causes K , Accident , Suicide , Hamicide , Undetermined manner	and in my aprillar
please ey l director. retained L DIRECT	CHIEF MEDICAL EXAMINER	
y, pleasing direction (AL DIRECTION PRINCE)	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X 22b. DATE SIGN	IED
	EXAMINER'S Charles S. Springate M.D. DEPUTY MEDICAL EXAMINER January 2	7, 1969
FO DEPL necessa the fun 5 may 10 FUNE Health	NAME (Type)  ADDRESS(Street, City, Town, or Cornly)	
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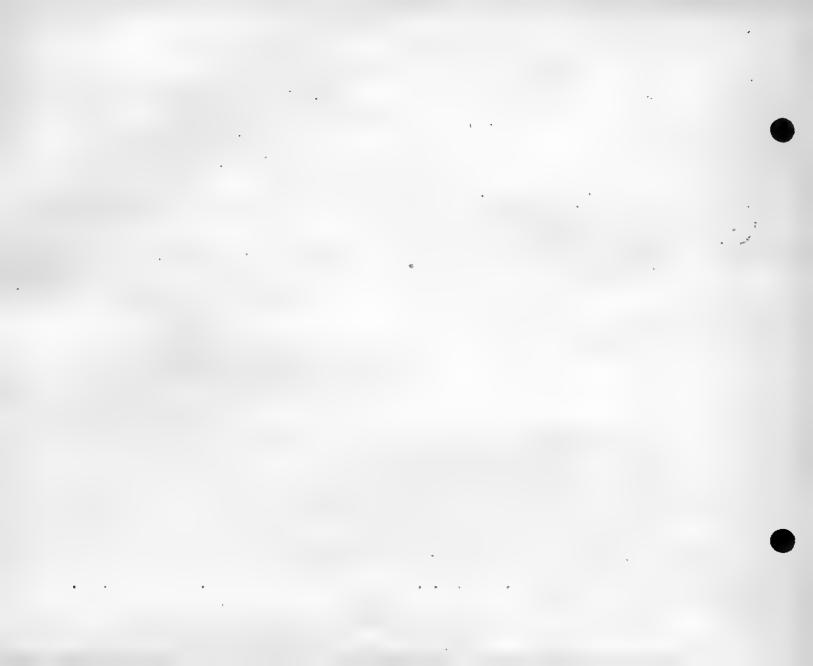
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	CERT	21a. ACCIDENT WAS UNDERLYIN	G 216 TIME OF	INJURY	21c. H			ure of injury in Pi	art 1 or Part 2, i	item 18.)	
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		at work at work									
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=		saw the deceased all causes stated abave	.(I) (we)(did)	did nat) view the	oadv after	a that in (my) death.	J (aur) apınıaı	n death accurr	ed an the da	te and haur a	nd fram the
Shauld be filed with the State Dept. of Health prior to		22b. SIGNATURE	1 -				MCD	CTAC	<b>22</b> c. 1	DATE SIGNED	
- -		Wick P. Mou	725		DEG	7111.5.	LI DIRECT	TOR STAF		1/22/6	
be filed		22d. PHYSICIAN'S NAME (Type)	<b>5</b> W .	24.70		22e. ADDRI		<b></b>	4. 4	, ,	
shauld b	_	NTCK	P. Mouts		Carrerou			State Ho		- 1	nd
201	23a	BUR AL, CREMATION, 23b I	35 19	23c. NAME OF	LEMETERY OR	CKEMMORY DA	0 K	d TOCKTION CON	PA(N)	County D	11/1/
71	24.	FUNERAL DIRECTOR	2 -1/6	ADDRESS	Nece	1	So. REC'D BY RE	GISTRAR 25	b REGISTRAR'S	SIGNATURE	
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1 pt		00154	DIVISION OF VITAL RECOI	RDS, 301 W. PRESTON STREET, BA		
- 0.		0010#		CERTIFICATE OF DEATI	Н	00153
÷ _2÷		CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	25. HOUR P
de al	(1	ype or print) $\mathit{Earlie}$	e C	Forrester	January 16	1969 10:55M
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rert Thermay		18 CAUSE OF DEATH (Enter or	ry one couse per line for (o), (b), or	nd (c) )		APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
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ND Sed by the Sed by t		saw the deceased o	olive an January 15	19.69, and that in (my)cound	opinion death occurred on the	date and haur and from the
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		1			ND STATE DEPARTMENT			
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	s offer	3.	FEMPLE	4 RACE HITE	S DATE OF BIRTH	1880	GE (In years FUNDER I)  De (Inday) MONTHS	YEAR IF JINDER 24 HRS. DAYS HOURS MIN
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	within 24 reled the paper within 7	10	CITY OR TOWN OF DEATH  T. MARCAPYT	NAME OF HOSPITAL OR IN		Ou USUAL OCCLPATION (Kind	of work dane 125 Kit eyen (Legicod) INDUST	ND OF BUSINESS OR TRY
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	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt		saw the deceased all your courses stated above	haspital) attended the deceas on_ () (we) (did) (did nat) view the	ed from	, 19,5 6,71a ur) apınian death accur	red an the date and h	that (W) (we) last naur and fram the
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	lmission) STAI Marvla	nd	13b. COU Ann	e Arundel	Mille	rsville	/ES NO	Rt 2 Box	220_0	Dakdale	Circle		
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-	18 CAUSE	OF DEATH (Enter or	γ ane cause	per line for (b), (b), and		100	5 0.1	0 < 3		APPROX M. BETWEEN ON	ATE INTERVAL SET AND DEATH		
Г	PARI	PART : DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Vulmorary Survey,											
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TION	19a. DATE OF	OPERATION 19b	CONDITION FO	OR WHICH OPERATION WAS	PERFORMED	20g. AUTOPS	Υ?	206 IF YES, WER	E FINDINGS CO	ONSIDERED IN CEI	RTIFYING		
MOLENIATION				0 0		YES 🔲	но 🖂	CAUSES OF DEATH	13				
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	22d. PHYSIC NAME		4.13	. OLAM IN	B2	22e. ADDRE	» 321 A	mutal	101.10C	an 15cc	uli		
23	30 BURIAL CRE	MATION, / 23b	DATE	23c NAME	OF CEMETERY OR	CREMATORY	) / 23d	LOCATION (Pity or	Toypy	(County)	(State)		
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2	a chut	J. B	ana	us seve	ina /	2 6	RECD BY REG	1969 156	REGISTRAR S	SIGNATURE LINEAR			
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MARYLAND STATE DEPARTMENT OF HEALTH			
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last hirthday)	MONTHS DAYS HOURS MIN		
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odm ssion) STATE (136 COUNTY ~~~			
Maryland   Batto Battimore   1/05 Darley	Avenue		
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Yes no or unknown) Iff yes give were or dates of service)			
no   1215-14-8538   Hospital Records, Crownsville			
PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a)			
rise to immediate cause (a), (b)			
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- 10 41101000			
19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? [20b IF YES, WERE FINDING	S CONSIDERED IN CERTIFYING		
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G or contributing cause of Death HOUR A.M. Month Day Year			
	County State		
While Not while Office Bullding, ETC.	,		
220. I certify that (I) (this haspital) attended the deceased from 12-30, 1966, to 1-3	19_60, that (1) (we) lost		
saw the deceased alive on	date and hour ond from the		
ATTENDING STAFF STAFF	12c. date signed 12/5/69		
THE DIRECTOR - THIS.	12/3/03		
MANE (T)	eal Marvland		
REMOVAL (Specify)	(County) (Stote)		
	AR S'SIGNATURE		
Joseph G. Lock & 1304). Central DAVAN 7 1969 force	and a marchy for		
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH    DECEASED MANE   First		



		MARTLAND STATE DEPARTMENT OF HEALTH
1 12	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1 1/2		CERTIFICATE OF DEATH
ح 2 ج	1	DECEASED-NAME First Middle Light 20. DATE OF DEATH 2b, HOUR
er death funeral and 2		(Type or print) George LEROU GIDSON January 1089 6104
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a 4 4 4 1	1	and last birthday) Months OAYS HOURS MIN
S E SE	2	
DO 6		BIRTHPLACE (Stote or foreign 7b. CIT ZEN) OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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filled in pope	Z 10	CHY OR TOWN OF DEATH // 11 NAME OF HOSPITAL OR INSTITUTION (If nogpital or light of hospital or light or light of hospital or light
icate be executed within 24 hours after death section and completely filled in by the funeral please remove carban papers. Page 1 and 1, and in any event, within 72 rough the death		TO UN SUITE   greet oddress) VILE State Hop To during most of working life, even if retired) INDUSTRY
plete cort, ent,	13	1. USJAL RESIDENCE (Where deceased liver), if institut ary Residence before 13c STPV OR JOWN 13d JISTOR (WHOTE) 13e STREET AND NUMBER
completely cove corban y event, wit	od	mission)//SHITEY/21 d 136 COUNTY HAN OFC BOTTIMORE YES NO 33 JOHTK DONG ST
be exect and con e remove	14	FATHER'S NAME   First   Middle   Lost   IS. MOTHER'S MAIDEN NAME First   Middle   Lost
	L	Scient A. 510300 Irainia Jackson
sicio Sercio Sercio On	16	a. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or unknown)   1/1 yes give war or dates of service)   16b. SOCIAL SECURITY NO. 17 INFORMANT/  Yes, no, or unknown)   1/2 yes give war or dates of service)   1/2 yes give war or dates of service
e deoth certificate to ottending physicion sermit. Then please on, or remayal, and	F	2/9-10 GLW 11/4/(CE) 1/100/(CS - C/100/(CS/V)) ON 1 1000 NOW 1/100
ag L		18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c))
or in the south	- [	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IN ELM SMIT 15.
otte n, o	-	41) 1 pur vo op alle construires or / / s O /
t the		Conditions, it only, which gave) the Hoterose Perotic Landiovascular Viseaso.
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OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be retained by the haspital or attending physicion.  **IRECTOR: After this certificate has been signed by the attending physicion e. 3 should be detached for use as the burial-transit permit. Then pleased with the State Dept. of Health prior to burial, cremation, or remaval, on	П	stating the underlying cause   DUE 10, OK AS A CONSEQUENCE OF & HYDER TCh 87011.
bysi gne uria		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMPITION GIVEN IN PART 1(4)
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bee for 1	Š	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? / 206. IE/YES, WERE FINDINGS CONSIDERED IN/CERTIFYING
he latter	X	YES NO CAUSES OF DEATH?
or or sugar	1 8	21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
al le	3	5 □ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Day Year
Spirit about	5	a tit either, natity medical exominer)   Fig. 19
PHY be defe	- 11	21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town County State While Not while Not while
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State of the state	- 1	22a. I certify that (I) (this hospital) attended the deceased from 4/1/, 1964, ta 1964, that (I) (we) last
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TAL Noy AL I	1	22d. PHYSICIANS NAME (Type) Long McHonty MOPPM) 22-ADDRESS TOWNS VILLE STOKE HOSPITAL Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carban paper should be filled with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72.	_	
oge Grinder	2	BURIAL CREMATION, BENDOVALISOEGY JAN. 14. 1969 EBENET ZER.  MILLARE FAGRETER DA.
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JUM KEY, 1/08	E	2 men 1 Move 11 OSCR FUN. Home L'ARRENTON, VA, DATERIN & 5 1303 A



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06158 00150 CERTIFICATE OF DEATH 2b. HOURD . DECEASED-NAME Last 2a. DATE OF DEATH FITHOMAS the attending physician and campletely filled jo by the funeral sit permit. Then please remave carbain papers Pages ) and 2 Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletaly filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbalt-perpets and 2 and 2 shauld be detached far use as the burial-transit permit. Then please remaye carbalt-perpets and 2 and 2 shauld be diled with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death. within 24 haurs after death. (Type or print) GOODE Months 2 JAN. 2:15 M 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years White last birthday) MONTHS T Male 17 Dec 1926 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🖾 NEVER MARRIED country) Virginia USA Anne Arundel WIDOWED | DIVORCED [ 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If ngt in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Ft Geo G. Meade Ft Geo G. Meade give street oddress)

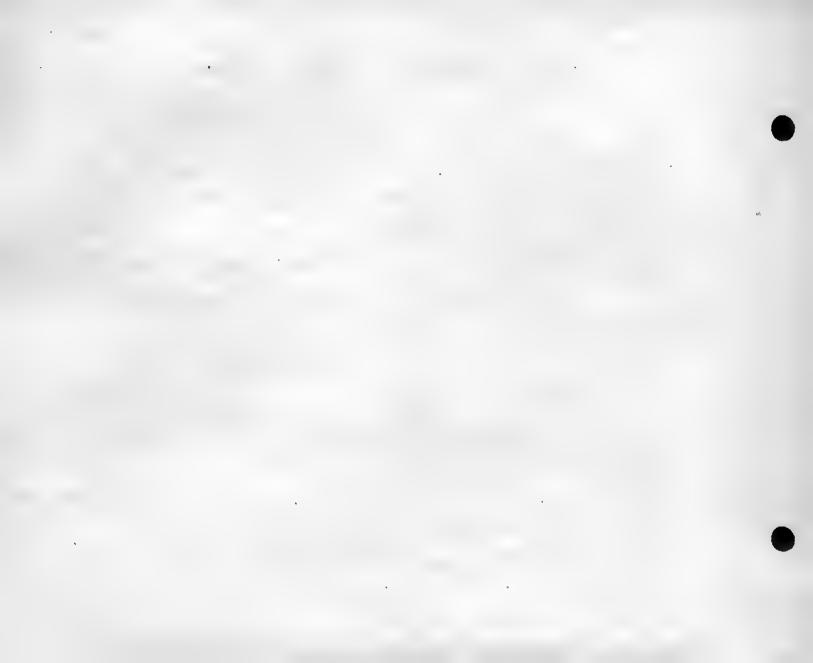
130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 130 CITY OR TOWN 13 during mast of working life, even if retired.)
Retired Officer INDUSTRY U.S.ARMY 13e STREET AND NUMBER 526 Maple Ridge Lane 13d. INSIDE CITY LIMITS? The law requires that the death certificate be executed Anne Arundel No DO YES 🗔 Odenton 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First Lost Lost John Goode, Sr. H. Lollie Seldon 17. INFORMANT (Wife) Address Odenton, Md. 16b. SOCIAL SECURITY NO 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) 225-28-8639 Mrs. Rita Goode, 526 Maple Ridge Lane 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PARY I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HEPATIC FA BETWEEN ONSET AND DEATH HEPATIC FAILURE 10 Yrs Conditions, if ony, which gave nise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF POST NECROTIC CIRRHOSIS DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🔲 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY GR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner)
21d INJURY OCCURRED 21e. PLAC HOUR A.M. Manth Day Year P.M. 1 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (\$) (this hospital) attended the deceased fram ±0 Dec , 19 68 , to 12 Jan , 19 69 , that (\$) (we) last saw the deceased alive an 12 Jan 1969 , and that in (1969) (aur) apinion death occurred on the date and hour and from the couses stoted above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 12 January 1969 DEGREE DIRECTOR 22e. ADDRESS U.S. KIMBROUGH ARMY HOSP, FT MEADE, MD NAME (Type) HERBERT SPOLTER, CPT, MC 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION, (County) Burial Arlington, Virginia 1/15/69 Arlington National 24. FUNERAL DIRECTOR VR A15 (4) Raymond C, Fink Glen Burnie, Md. 30M REV 1/68

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MAKTLAND STATE DEPAKIMENT OF MEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00159 DOtion CERTIFICATE OF DEATH 2g. DATE OF DEATH 1. DECEASED NAME Firet Middle Last 2b. HOUR Grimes Jan. Month 28 Day 69 Year 6:40p (Type or print) Marie 0 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (In years last birthday) IF LINDER 1 YEAR IE TENDER 24 HRS White 8-30-94 SHINOM DAYS HOURS Fema e 7a BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B MARRIED NEVER MARRIED U.S.A. Maryland WIDOWEDN D-VORCED [7] Anne Arundek 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR TENDING PHYSICIAN: The law requires that the death certificate be executed within With North Arunde! Hospital during most of working life, even if retired.) INDUSTRY remave carban Glen Burnie Seamstress (ret. Garment Ind. director, page 3 should be detached far use as the buriel-transit permit. Then please remove carb should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, funstitution, Residence before 13c OTY OR TOWN 13e. STREET AND NUMBER NOT Rt. 2 Box 416 13b COUNTY Anne Arundel Crownsville 4 FATHERS NAME Last 15 MOTHER'S MAIDEN NAME First Middle B'Connell Grimes Patrick Mary 16d WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, or unknown) (If yes give wor or dates of service) 213-05-0263 Mr. Lewis A. Grimes (son) Same as #13 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditions, if any, which gave Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached far use as the burial-transit rise to immediate couse (a), DUE TO, OR AS A-GONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(6) 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Month Day Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street of R.F.D. No City or Town (ounty State While Not while at work 22a. 1 certify that (1) (this haspital), attended the decased from , and that in (my) (aur) apinion death accurred an the date and hour and from the saw the deceased alive ancauses stated abave, (1) (we) (aid) (did not) view the body after death. DEGREE DIRECTOR PHYS. 22. ADDRESS 325 Hospital Dr. Glen Burnie, Md. R. MacDonald M.D. NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23a BURIAE, CREMATION, (County) (Stote) REMOVAL (Specify) Feb. 1.1969 Pleasant Grove Cemetery Boring, Balto. Co., ADDRESS 25a, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Sincleton Funeral eien Burnie, Md. 30M REV 1/68-

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<i>t</i>	00163 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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	220 I certify that (I) (this hospital) attended the deceased from 201968, ta 201968, ta 301968, ta 301968, ta 301968, ta 301969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
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MARYLAND STATE DEPARTMENT OF HEALTH



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OR / be re DIREC		DEGREE PHYS STAFF DIRECTOR DIR	969
PITAL may RAL I	1	22d. PHYSICIAN'S NAME (Type) R. L. Richardson, M.D.  22e. ADDRESS 110 Clay St., Annapolis, Md., 211	<b>101</b>
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far u alraum be filed with the State Dept. of Healt	23g	BURIAL CREMATION, 236 DATE 280 NAME OF CEMETERY OR CREMATORY 230 TOCATION (City or Town)	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 C016. 06164 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR deoth. ond (Type or print) Manth 19 Day JOE MIN HENSON Jan. 4. RACE 3. SEX S. DATE OF BIRTH 6 AGE (In years IF UNGER I YEAR IF UNCER 24 HRS birthday) MONTHS Male Negro Feb. 11,1897 7c BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED | NEVER MARRIED 9. COUNTY OF DEATH The low requires that the deoth certificate be executed within 24 hays countryland U.S.A. Anne Arundel WIDOWED [ DIVORCED filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION ( I not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR givestign garage astport Terrace during most of working life, even if retired.) INDUSTRY Anmapelis attending physicion and completely permit. Then please remove corbon 13a USUAL RES DENCE (Where deceased +ved, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY UMITS? 13e STREET AND NUMBER odmission) STATLIaryland Annapelis 13b. COUNTAINS Arundel YES ICK NO 1159 Eastport Terrace burial, cremotian, or removol, and in ony 14 FATHER'S NAME M:ddle IS. MOTHER'S MAIDEN NAME First Middle Last Last Leuise Benjamin NMN Hensen NMN Beone 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Annapelia, Md. Address Terrace Yes, no or unknown) (If yes give wor or dates of service) 214-05-0680 Margaret er Magurite Hensen-1159 Eastport 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH EREBRAL THROMROSIS DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave ; rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21 a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAJSE OF DEATH Month Day Year PM If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of work 22a I certify that (II) (this hospital) attended the deceased from 1969, and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated abave (1) (we) (did p(did not) view the bady ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) Edward S. Beck Md 73 Franklin Street 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b DATE 23d LOCATION (City or Town) (County) (State) Bull 1 (Specify) Jan. 24-69 Annapolis, Maryland Brewer Hill 0 ADDRESS 24. FUNERAL DIRECTOR 2Sc REC'D BY REGISTRAR VR A15 (4) JAN 28 C.E.HICKS 111 Annapolis, Maryland 30M REV, 1/68



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2 2 2	1	Ype or print) Margaret		High	hland		Month 1	Y8 69	9:50pM
* A 7 5	3 5	X MAXGAXE	4. RACE		5. DATE OF BIRTH	1	6. AGE (In years	IF UNOER I YEAR	IF UNDER 24 HRS.
<b>5 285</b>		Female	Wh1te		10/29	/1895	last birthday) 73 70 YRS.	MONTHS DAYS	HOURS MIN
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and and rem		Emory	Sneads	, ,	unkno				6031
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ate col		210. ACCIDENT WAS UNDERLYING			W INJURY OCCUR	RED (Enter noture o	f injury in Port 1 or Port 2	, Item 1B.)	
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OR ATTENDING be retained by it NRECTOR: After it as should be ded with the Stote	П	ZZO. JIONATOKE	111 71112	DEGR	ATTENDING PHYS.	MED. DIRECTOR	☐ STAFF ☑ /	4 -6 4	r
	1	22d. PHYSICIAN'S		D.010	22e. ADDRES		- 11113 17		
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O Political		REMOVAL (Specify)	13/69 Natio	mal c	emeter		tysburg. A	dams Ce	. Pa.
	24,	FUNERAL DIRECTOR	ADDRE		25	SO REC'D BY RECUST	RAR 25b REGISTRAR	S SIGNATURE	c.C
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a / 29%	3. SEX 4. RAC		S. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS
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requires that the death certificate be executed within 24 hours after g physician.  signed by the attending physician and completely filted-in by the burial-transit permit. Then please remove earby papers. Permit a burial, crematian, ar removal, and in any event, within 72 has nated.	Crownsville	Crownsville S	tate Hospital during mo		INDUSTRY
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cate sicia plea , an	16a. WAS DECEASED EVER IN U.S. ARMED FORCE Yes, no, or unknown) (If yes give wor or dates of	service)	17 INFORMANT	Address	
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physician. signed by the attending physician and corsigned by the attending physician and corburial-transit permit. Then please remove burial, cremation, ar removal, and in any featured, cremation, ar removal.	18. CAUSE OF DEATH (Enter only one cou PART I DEATH WAS CAUSED BY	/ } //			BETWEEN ONSET AND DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAL: The law requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defached far use as the burial-trans, should be filed with the State Dept. of Health priar to burial, crease.	190 DATE OF OPERATION 196. CONDITION 210. ACCIDENT WAS UNDERLYING 216	TOR WHICH OF ERRIDIN WAS TERIO	YES NO	CAUSES OF DEATH?	GIDERED III CERTIFUITO
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END Ded Jid	sow the deceased alive on couses stated abave, (I) (w	a) (did) (did nat) view the har	🚜 , and that in (my) (our) opin By ofter death	nion death occurred an the date	e and haur and trom the
TA TO THE TABLE TO	22b. SIGNATURE	s) (did) (did fid) view life ode	ay oner dodni.	22c, D.	ATE SIGNED
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TO HOSPITAL OR ATTENDING PHYSICIAM Page 4 may be retained by the haspital of FUNERAL DIRECTOR: After this certifical director, page 3 should be detached for should be filed with the State Dept. of Heavy	NAME (Type) Hiberto	Yongaleg		ricana Dr. 24 - 1	1000 10/15
reart FUN	23o. BURIAL, CREMATION, 23b. DATE		METERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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VR AIS ON	24. FUNERAL DIRECTOR	ADDRESS	250 'REC'D BY		IGNATURE CO.
30M REV	John C. Miller Inc-	0415 15 1822 15	-2/2/ DAVAN	29 1969 Jelian	es Judge
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00168 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME First Middie Lost 20. DATE KNOWN MONth Doy Year 2b. HOUR (Type or Print) ESTI-10 Ζ. HOLZIN GER MARIC DEATH MATED 4. RACE IF UNDER 24 HRS 3 SEX S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d. HOUR and the State Depart To BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S.A. ANNE ARUNDO WIDOWED T DIVORCED [ Hungary 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired)
Retired Grocery ARUNDEL. with deoth 130 ESUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY JAM IS? 13e STREET AND NUMBER Maryland 13b COUNTY Anne Arundel Ferndale YES NO X 110 Wells Avenue lond 2 ofter 14 FATHER'S NAME Middle 15. MOTHER S MAJDEN NAME Middle within 24 Zietvogel Anton hours Elizabeth Prinz ≘ 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 21061 (Yes, no, or unknown) 220-30-4959 | Mrs. Anna H. Sisolak, 112 Wells Avenue <u>=</u> within CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 4 shauld be forworded to the Chief Medical PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditions, if any, which gave rise to immediate cause (a). in ony certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF storing the underlying cause or removal, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) OS CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🗍 NO K 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Tawn County State foctory office building, etc.) NOT WHILE IT AT WORK AT WORK burio!, 22a | certify that I took charge of the remains described above, held an Autopsy | 1. Inspection 1 Inquiry and in my apinion Accident Suicide 🗔 death resulted fram: Natural couses Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASS STANT MEDICAL EXAMINER the funeral **SIGNATURE** DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUNE Health NAME (Type) ADDRESS(Street, city, tawn, or county) Md. 23a BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 1-9-1969 Glen Haven Cemetery GlenBurnie, Anne Arundal Count 250 RECDAY REGISTS 69 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

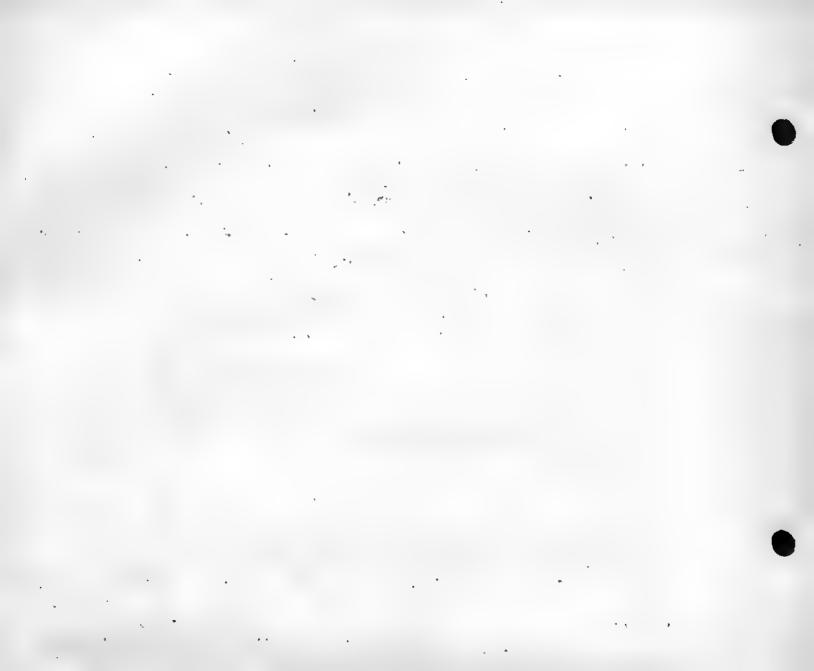


	1	MARILAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 30139
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within 24 ely filled i bon pape within 72	io +	The Death 11. NAME OF HOSPITAL OR INSTITUTION (it not in haspital during most of working life, even if retired)  12. NAME OF HOSPITAL OR INSTITUTION (it not in haspital during most of working life, even if retired)  12. NAME OF HOSPITAL OR INSTITUTION (it not in haspital during most of working life, even if retired)  12. NAME OF HOSPITAL OR INSTITUTION (it not in haspital during most of working life, even if retired)
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ertificate b physician en please oval, and t		WAS DECEASED EVER IN LS ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT 17, INFORMANT Address 230-12-76.34 Nr.2. Helen E. Howell Curile
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, the haspital ar attending physician. The hours of completely filled in by the fugeral his certificate has been signed by the attending physician and completely filled in by the fugeral stacked far use as the burial-transit permit. Then please remaye carbon papers. Pages footh Dept of Health priar to burial, cremation, arremoval, and in any sevent, within 72 hours after death.		18/ CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF DEATH  DUE TO, OR AS A CONSEQUENCE OF DEATH  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF DEATH  DUE
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PHYS ne hasp this cer etache Dept	WE	21d INJURY OCCURRED While Not while at work  21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY)  21f LOCATION Street at R.F.D. No City at Town County State  1.00  1.0
by the differ of		22a   certify that (I) (this haspital) ottended the deceased fram 196, 19, 10, 10, 19, 19, that (I) (we) last saw the deceased olive on 12-30-689, and that in (my) (our) opinion death occurred on the date and hour and from the
ITEN Dimed OR: h the		causes stoted obove, (I) (we) (day (did not) view the bady after death.
OR A A DIRECT SIRECT SI	L	220 STORAYURE ATTENDING MED DIRECTOR D STAFF (-1-69.
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should Shauld be filed with the		PADDRESS NAME (Type) Robert R. HAHN. P.O. Box 73 Severua OSLA
HOS age 4 FUNI irecto	230	BURIA., CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATIORY 23d LGCATION (Cty or Town) (County) (State)
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00 A 1 / 68	1	2 V Single for - Ron Byenie, md. DMAN 8 1969 fellenter Judge.



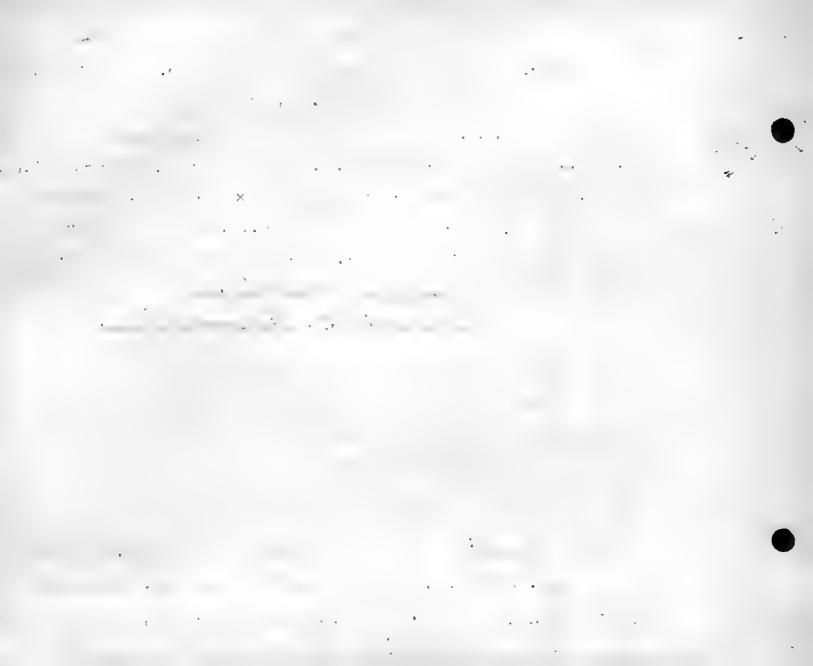
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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24 haurs after death death funeral presented for a contract of the contract of	3. SE	
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	F	11 NAME OF HOSPITAL OR INSTITUTION (If not in haspitol during prost of working life, evil in retired)  120 USDAL OCCUPATION (Kind of work done during prost of working life, evil in retired)  120 KIND OF BUSINESS OR INDUSTRY  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspitol during prost of working life, evil in retired)
executed man	adm	USUAL RESIDENCE (Where deceased lived, if institution) Residence before 13st CITY OR TOWN 13d MSIDE CITY UM 159 13e STREET AND NUMBER 13b COUNTY 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
be ex in and ise rem	L	TOTAL DUVALL HOWES IS MOTHERS MAIDEN NAME First Middle Lost
ertificate be physician o ren please caval, and ir		WAS DECEASED EVER IN U.S. ARMED FORCES?  6s. np. of unknown) (If yes give wor or dates of service), 214 050895 DOROTHY D. HOWES #13  APPROXIMATE INTERVA.
he death cer • att ding p permit. The		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)
at the of the others it per mation		Conditions, if any, which gave rise to immediate cause (a), (b) Atterns Corner Heroster Corner (b)
The law requires that the attending physician. That has been signed by the se as the burial-transit the prior to burial, crema		stoting the underlying couse (c) DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)
The law requatrending phens been signed to but the prior to but the bu	TION	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING
i: The I are the has lee has lase as alth pri	CERTIFICATION	YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
PHYSICIAN he hospital this certifila letached far e Dept. af He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, natify medical examiner) P.M. 19  21d INNIBER CHILDREN The PLACE OF INVIDENCE ARM, STREET, EACTORY, 1 215 LOCATION Street or R.E.D. No. City or Town County State
NG PHY y the ho er this e detact ate Dep		While Not while at work work while the deceased from the second from the secon
OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute tertained by the hospital ar attending physician.  FURICTOR: After this certificate has been signed by the attending physician and conge 3 shauld be detached far use as the bunal-transit permit. Then please removed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any expensive the state Dept.		22a. I certify that (I) (this haspital) attended the deceased from 1969, and that in (my) (aur) apinian death accurred an the date and havr and from the causes stated above (I) (wes (did) (did nat) view the body after death.
OR OR IN		226 SIGNATURE  DEGREE ATTENDING DIRECTOR DISTAFF 22c. DATE SIGNED
Page 4 may be retained by the hospital ar attending TO IUNIRAL DIRECTOR: After this certifilate has been director, page 3 should be detached far use as the should be filled with the State Dept. af Health priar to	230	NAME (Type) I heodore Go De Grevedo Kitchie Husy - Hrnold-Itd.  BUR AL CREMATION 236 DATE 23d NAME OF CEMETERY OR CREMATORY 23m LOCATION (City or Tpwn) (Copylly) (Styre)
E_ 5	3	FUNERAL DIRECTOR 1 1-17-69 14:1/CRES TOWN 15-17-69 15-17-69 15-17-69 15-17-69
30M REV. 1388	A	chy M. Fry for & Lous Chancepoles Mide DATE JAN 17 1969 feliantes Judge.

MAKTLAND STATE DEPARTMENT OF HEALTH



00172 DIVISION	OF VITAL RECORDS, 301 W. PREST CERTIFICAT	-	, MARYLAND 21201 001	71
(Type or print)			ATE OF DEATH	Yeor 2b. HOUR
	Но	Y OF DURY	Jan. 17	1969 7:15 <sup>™</sup>
3 SEX 4. KACE			6. AGE (In years Mars birthday) M	F JNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
70 DIDTUDI ACE (State or forces 7) CITIZEN			7 4	
country)	HANKIED   H	LYEK MAKKIED IS		
IN CITY OF TOWN OF DEATH				Md. 12b. KIND OF BUSINESS OR
Millersville	give street oddress Knollwood N.	H. during most of w	orking life, even if retired) St (ret.)	INDUSTRY POSS Mech. Lat
13o. USUAL RESIDENCE (Where deceosed lived, if it odmission) STATE Marvland Anni	nstitution: Residence before 13c CITY OR TOWN	/N 13d, INSIDE CITY EIMITS?	13e. STREET AND NUMBER	
			Middle	Lost
John T.	Hov	Harrie	tt El	srood
160. WAS DECEASED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO. 17. INFOR		Address	
Tes, no, or unknown)	77 213 12 4205 Mr.	Joseph Hoy (1	nephew ) Same	
IMMEDIATE CAUSE (a)	_ corgani	heart fail	Perre	APPROXIMATE INTERVA. BETWEEN OMSET AND DEATH
rise ta immediate cause (o), (	OR AS A CONSEQUENCE OF	the Cardwords	ercolar devia	<u>k.</u>
last. (c	()			
	STRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 1(0)	
196. DATE OF OPERATION 196. CONDITION FO	DR WHICH OPERATION WAS PERFORMED			SIDERED IN CERTIFYING
	IME OF INJURY 21c. HOW II	NJURY OCCURRED (Enter nature	of injury in Part I ar Part 2, Ite	m 18.)
(If either, notify medical examiner)				
(If either, notify medical examiner)	P.M. 19 JURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATIO		,	County State
21d. INHURY OCCURRED Value OF IN.	P.M. 19 JURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATIO		,	County State
21d. INHURY OCCURRED Value OF IN.	P.M. 19		a, 19 eath accurred an the date	County State
21d. INPIRY OCCURRED White Not while at work 22a. I certify that (I) (this haspital saw the deceased alive on causes stated abave, (I) (we) (22b. SIGNATURE)	P.M. 19  JURY (AT HOME, FARM, STREET, FACTORY.) 211. LOCATIO  ) attended the deceased from	at in (my) (aur) apinian deh.  ATTENDING MED. DIRECTOR  22e. ADDRESS	a, 19 eath accurred an the date	County State , that (I) (we) last e and haur and from the step 1969
21d. INHIRY OCCURRED White of Work his of wark  22a. I certify that (I) (this haspital saw the deceased alive on causes stated abave, (I) (we) (22b. SIGNATURE)  22d. PHYSICHAN'S NAME (Type)  Ray M. Smi	P.M. 19 JURY (AT HOME, FARM, STREET, FACTORY.) 211. LOCATIO ) attended the deceased from 19, and the (did) (did nat) view the bady after deat  DEGREE	, 19, to the control of the cont	a, 19 eath accurred an the date  STAFF   22c DA PHYS   9c  Data   Bldg., Ser	County State , that (I) (we) last e and haur and from the step 1969
21d. INHIRY OCCURRED White of Work his of wark  22a. I certify that (I) (this haspital saw the deceased alive on causes stated abave, (I) (we) (22b. SIGNATURE)  22d. PHYSICHAN'S NAME (Type)  23a. BURIAL CREMATION, 23b. DATE	P.M. 19  JURY (AT HOME, FARM, STREET, FACTORY.) 211. LOCATIO  ) attended the deceased from 19 and the did (did) (did nat) view the bady after deat  DEGREE  123c. NAME OF CEMETERY OR CREA	, 19, to at in (my) (aur) apinian do h.  ATTENDING MED. DIRECTOR  22e. ADDRESS  Hehn Profession  AATORY 23d. I	a, 19 eath accurred an the date  STAFF 22c. DA PHYS 28c. DA  DOLATION (City or Town)	County State , that (I) (we) last e and haur and from the step 1969
21d. INHIRY OCCURRED White Mote while at work at wark 22a. I certify that (I) (this haspital saw the deceased alive on causes stated abave, (I) (we) (22b. SIGNATURE) 22d. PHYSICHAN'S NAME (Type) Ray M. Smi	P.M. 19 JURY (AT HOME, FARM, STREET, FACTORY.) 211. LOCATIO ) attended the deceased from 19, and the (did) (did nat) view the bady after deat  DEGREE  123c. NAME OF CEMETERY OR CREA	at in (my) (aur) apinian de h.  ATTENDING MED. DIRECTOR  22e. ADDRESS  Hahn Profession  AATORY 23d. L.  BERETERY B.	a, 19 eath accurred on the date  STAFF	County State , that (I) (we) last e and haur and from the life SIGNED 1969  verna Park, Md (County) (State)
	1. DECEASED NAME (Type or print)  3 SEX  M  70. BIRTHPLACE (State or foreign cauntry)  Maryland  10. CITY OR TOWN OF DEATH  Millersville  130. USUAL RESIDENCE (Where deceosed lived, if incommission)  STATE  Maryland  14. FATHER'S NAME  First  Min  John  T.  160. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or unknown)  18. CAUSE OF DEATH (Enter andy one cause part i. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if only, which gave in set a tail manediate cause (o).  stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS (O)  190. DATE OF OPERATION  190. CONDITION FOR	1. DECEASED NAME (Type or print)  First Middle  First Middle  Figure 1  7b. CITIZEN OF WHAT COUNTRY?  Maryland U.S.A.  10. CITY OR TOWN OF DEATH  Millersville  11. NAME OF HOSPITAL OR INSTITUTION (If not in give street oddress)  NOTIFY APUNCE (Where deceosed lived, if institution: Residence before list CITY OR TOWN Odmission)  STATE  14. FATHER'S NAME First Middle Lost IS. MO  15. MO  16b. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or unknown)  17. INFORM  Yes, no, or unknown)  18. CAUSE OF DEATH (Enter only one cause per line to: (a), (b), and (c))  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF lost.  19b. DATE OF OPERATION 19b. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	DECEASED NAME (Type or print)   First   Middle   Lost   20 D	Deceased Name

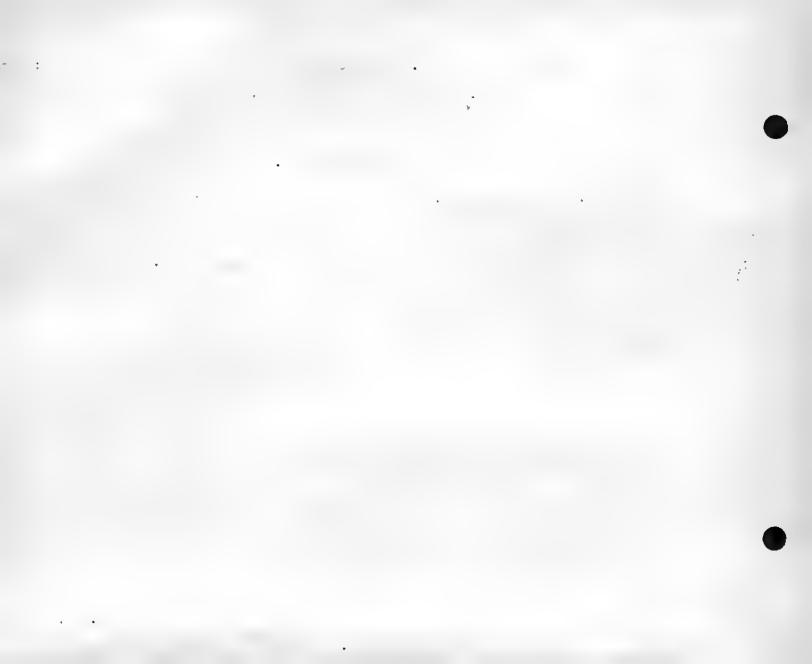
MAKTLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS 0017. CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY Of TOWN/III outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESTDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 1000000 YES NO P 4. DATE NAME OF Middle Last Month Day Year DECEASED OF DEATH (Type or print) B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX MARRIED NEVER MARRIED lost birthdoy) Months DIVORCED [ WIDOWED [ 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if relired) 12. CITIZEN OF WHAT COUNTRY? AINTAINAMCE 14 MOTHERS MAIDEN NAME 16. FATHER'S NAME within 16. SOCIAL SECURITY NO 17 INFORMANI 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INMAR DIRECT IMMEDIATE CAUSE (o) DUE TO mos. Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stoling the under-RTORIO SCLOROS lying couse lost NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 139 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS PERFORMED? YES NO DA 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Home, farm. 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour a.m. Not while While: at work of work p. m 21 I certify that (I) (this haspital) attended the deceased from... that (I) (we) lost and that death accurred at /\_M, from the causes and an the date stated above. sow the deceased alive on 22b, DATE 22a. SIGNATURE SIGNED ATTENDING MED. DIRECTOR M D. PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) RICHARD 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION 23d LOCATION (City. Jown, (State) Di 256 REGISTRAR'S SIGNATURE REC'D BY REG STRAR VR A15 (4) 15M 9/59



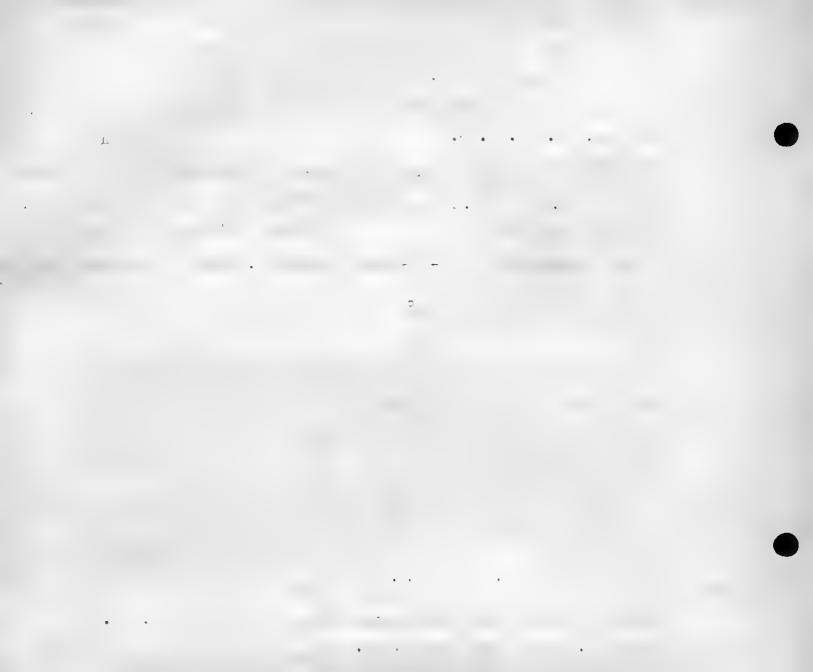
	0017.	DIVISION OF VITAL RECORDS,	301 W. PRESTON	STREET, BALTIM	ORE MARVIAND GIOGI	00173
	ECEASED-NAME First	Middle	Last		20. DATE OF DEATH	2b. HOUR
L.	X LISH	14 RACE	S. DATE_C	F RIPTH	6. AGE (In years	15 Vegr 5:00 pp
7a. 1	BIRTHPLACE (State or fare gn 7				OU YRS	
_	Dane 0 0 0 0		WIDOWED D	VORCED	Anne Arundel	Md. 12b Kind of Business or
	Pasadena	give street address) Nor	th Arundel	Hostoring most	of working I fe, even if retired.)	INDUSTRY Electric
13a adm	USUAL RESIDENCE (Where deceased ission) STATEd	lived, if institution Residence before	Pasadena			7
14 1		Middle Lost				Last
16a.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 116b SOCIAL SECURITY N	IO. 17 INFORMANT		Address	247
	18. CAUSE OF DEATH (Enter only PART 1 DEATH WAS CAUSED	BY∙		A	inson Illia ()	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	4123	DUE TO, OR AS A CONSEQUENCE OF	1/ 3//			
	rise to immediate cause (a), ( stating the underlying cause(	(b)				
		(c)	OT RELATED TO THE TERM	NINAL D.SEASE ORCON	DITION GIVEN IN PART 1(a)	
CATION	190 DATE OF OPERATION 196 CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g A	AUTOPSY?	206 IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
						Item 18.)
MEDICAL	(If either, natify medical examine	r) P.M. 19		Street or R.F.D. No.	City or Tawo	Caunty State
	While Nat while at work	OFFICE BUILDING, ETC.	1	0		
	saw the deceased aliv	ve anl	9 and that in	(my) (aur) apinio		
	22b SIGNATURE	N. Ambou	/ ATTE	NDING MED	C STAFF C	DATE SIGNED
	22d. PHYSICIAN S NAME (Type)	Dorkon, M	1 22e.	ADDRESS /	tal Drive &	Burnie Mol
23a				XY / 2	, , ,	(County) (State)
0.4	FUNERAL DIRECTOR	ADDRESS	UCT, LITT	2So RECD BY R	REGISTRAR 25b REGISTRAR'S	
	7a 1 court 10. ( 13a odm. 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I. DECEASED-NAME (Type or print)  7a BIRTHPLACE (State or fore gn country)  3a SEX  Male  7a BIRTHPLACE (State or fore gn country)  3a Lto. Id.  10. CHY OR TOWN OF DEATH  Pasadena  13a USUAL RESIDENCE (Where deceased admission)  STATE  Mason If  16a WAS DECEASED EVER IN U.S. ARME  Yes, no, or unknown)  18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATI  4 / 2 3  Conditions, if any, which gave rise to immediate course (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT COND  190 DATE OF OPERATION  190 OR CONTRIBUTING CAUSE OF DEATH  (If either, notify medical examine at work and work and work and work at work and wor	DIVISION OF VITAL RECORDS,  I. DECEASED-NAME (Type or print)  S. SEX Male  4. RACE  4. RACE  White  7a. BIRTHPLACE (State or fore on country)  Balto. 1 d.  10. CITY OR TOWN OF DEATH  Pasadena  13a. USUAL RESIDENCE (Where deceased leved, if institution Residence before odmission)  STATE  13b. COUNTY  A. A.  14 FATHER'S NAME  First  Middle  Mason Hutchinson  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  Ves. 12  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART 1 DEATH WAS CAUSED BY-  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gave rise to immediate cause (a), storing the underlying cause lost immediate cause (a), storing the underlying cause lost immediate cause (b)  19a. DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT while of cause of DEATH (If either, notify medical examiner)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PER While or work  21d. INJURY OCCURRED  While of work  21d. INJURY OCCURRED  While of work  21d. INJURY OCCURRED  Very Carl House, FARM. SIREST, FAC. OF INJURY  HOUR A.M. Month Day Year P.M.  19g. 21d. INJURY OCCURRED  While of work  21d. INJURY OCCURRED  Very Carl House, FARM. SIREST, FAC. OF INJURY  HOUR A.M. Month Day Year P.M.  21d. INJURY OCCURRED  While of work  21d. INJURY OCCURRED  Very Carl House, FARM. SIREST, FAC. OF INJURY  HOUR A.M. Month Day Year P.M.  22d. I certify that (1) (this haspital) attended the decease saw the deceased alive on.  Causes stated above, (1) (we) (did) (did not) view the leaves as a consecurity of the leaves of the deceased alive on.  Causes stated above, (1) (we) (did) (did not) view the leaves of the deceased alive on.  Causes stated above, (1) (we) (did) (did not) view the leaves of the deceased of the decease of the dec	DIVISION OF VITAL RECORDS, 301 W. PRESTON CERTIFICATE CO CECUMPATION TO COUNTRY?  B. MARRIED CO NOTH COUNTRY?  B. MARRIED CO CITY OR TOWN PACH COUNTRY?  CO COUNTRY CO COUNTRY CO COUNTRY CO CO CITY OR TOWN PACH CO C	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIM  CERTIFICATE OF DEATH    Deceased-Name	1. DETEASED NAME   Company   First   Middle   E.   Hutchinson   20. DATE OF DEATH   Month 1/490   3. SEX   Male   4. RACE   White   5. DATE OF BIRTH   5. DATE OF BIRTH   7. SEPT.   15. 1918   6. AGE (in years too bringhey) yes   75. CITIZEN OF WHAT COUNTRY?   8. MARRED   20. NOVER MARRED   9. COUNTY OF DEATH   MIDOWED   DVORCED   9. COUNTY OF DEATH   MIDOWED   MIDOWED   10. USUAL A SCUIPTRION (Kind of work done with death of work done   MIDOWED   MIDOWED   10. USUAL A COUNTY OF DEATH   MIDOWED   10. CITY OF TOWN   10. MIDOWED   10. USUAL A COUNTY OF DEATH   MIDOWED   10. COUNTY OF TOWN   10. 10. COUNT



			DIVICION OF	MAKTLAN VITAL RECORDS,		DEPAKIME			VIAND 91901		
		20140				ATE OF D		IORE, MIAI	CILAND 21201	00175	,
		cem#11&13e,Filr(	BL109 2/3,	/69 1m Middle	EKTIFIC	Lost	ZEATH	2a. DATE OF	DEATH		2b HOUR
death.		Ype or print) W111:	1 am	Matthew	т.	hnson		ZG. DATE OF	Month Day	Year	
r deot wreral l ond	2 00		4. RACE	Pattie	0(	S. DATE OF BIRT	TU .	JE	6. AGE (n years	1 060	7 P.M
affe fi	3 SE	Male	Wh1	te			 3-1875		last birthday)		HOURS MIN.
Si Cara	70. [		7b. CITIZEN OF WHA		8			COUNTY OF	7.7 /K3.		
E CLA		Maryland	U.S.	T COOKINI	WIDOWED	NEVER MARRI	IED		Arundel		44.3
Hed Hed par		ITY OR TOWN OF DEATH	11 4.6	ME OF HOSPITAL OR INS	TITLITION (IF.	at all a said	12a USUAL	OCCUPATION	(Kind of work done	12b. KIND OF B	Md. USINESS OR
夏 を まんり		racy's Landin	give st	reet oddress) Route	#2_Hese	A	during most	of working	life, even if retired)	INDUSTRY	
D de	13a	USUAL RESIDENCE (Where deceose		on Residence before	13c CITY OR	104414	Bd. INSIDE CITY LIMIT	57 13e. ST	REET AND NUMBER		
\$ \$ \$ \$ C	admi	ssion) STATE Maryland	Anne Anne	Arundel	Tracs	7 . 8	YES NO	X	none		
exe ony ony	_	ATHER S NAME First	Middle	Last		, MOTHER'S MAIL	DEN NAME First	t	Middle		Lost
be re re re		Uriah		Johns				ice		Mayhe	W
icion leos an	16a.	WAS DECEASED EVER IN U.S. ARME	D FORCES? or detes of service)	16b. SOCIAL SECURITY I		NFORMANT (S			Address		
ohys vol.		No		219-54-48		lames W	Joh	ngon	Tracy's	Landi	no ATE INTERVAL
ng I		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per lin	e far (a) (b), and (e)	1	11	1.			BETWEEN ON	SET AND DEATH
endi mit. or r			E CAUSE (a)	Corebr	AL I	worm	borer			10 d	rys
ne d peri		Conditions, if any, which gove )	DUE TO, OR A	S A CONSEQUENCE OF	7	60.	to in	cler	-111-	Ilen	<i>V</i>
t to the the mail		rise to immediate couse (a),	(b)		erie	ax ar	prior	10000		year	VC-
s the		stoting the underlying couse		S A CONSEQUENCE OF						0	
requires that the death certificate be executed g physician. signal of the attending physicion and comple buriol-tronsit permit. Then please remove a buriol, cremation, or removal, and in any even		PART 2 OTHER SIGNIFICANT COND	(c)	ING TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE OR COL	NDITION GIVE	N IN PART 1(a)		
AN: The law requires that the death certificate be executed at or offending physician. It is not been signed by the attending physician and complete for use as the burriol-tronsit permit. Then please remove and Health prior to burriol, cremation, or removal, and in any event,		TAKE I OTHER SIGNIFICANT CONT	ATTOMO CONTINUED	ING TO DEATH DOT IN	or Recrited 11	2 1116 1 E 1 (1)	processe vices				
The law ottendin has bee se os the th prior t	CERTIFICAT ON	190. DATE OF OPERATION 196. C	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOPS	SY?		YES, WERE FINDINGS O	ONSIDERED IN CE	RTIFYING
The offer of the has						YES 🔲	NO 🔣	CAUSE	S OF DEATH?		
or or us		21o. ACCIDENT WAS UNDERLYING			21c. H	OW INJURY OCCU	IRRED (Enter n	ature of inju	ry in Port 1 or Port 2,	Item 18.)	
Dital Pital	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M.	Month Day Year	,						
PHYSICIAN: The hospital or This certificate The certificate Th	置	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (	AT HOME, FARM, STREET, FAG OFFICE BUILDING, ETC.	TORY,) 21f L	OCATION Street	or R.F.D. No.	City	or Town	County	Stote
the detection of the property		While Not while of work				11	- A	9	1 21	10	
by there be		22a. I certify that (1) (this	haspital) (atte	nded the decease	ed fram	A short in law	<u></u>	, to	manufactured and the de	that	(I) (we) last
OR ATTENDING be retoined by the INECTOR: After the 3 should be did ad with the Stote		22a. I certify that (1) (this saw the deceased ali causes stated abave.	(i) (we) (rid)	did not) view the	bady after	death.	) (aut) apitii	idii dediyii	accurred an me ac	ne unu naor c	ila ilani nie
State of the state		22b. SIGNATURE 1	1 2	V-11					CTACE 22c.	DATE SIGNED	
OR DE L		Millard	1/2	mills	DEGI	1111.5		D. ECTOR	PHYS.   1_	<u> 22-69</u>	
AL CAL	1	22d. PHYSICIANS NAME (Type) W1177	and D	Smith, M	D	22e. ADDR		44-	34.3		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retoined by the hospital or oftending physician.  FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defoched for use as the buriol-troi should be filed with the State Dept. of Health prior to buriol, and the prior of the buriol, and the state of the buriol, and the state of the other prior to buriol, and the state of the other prior to buriol, and the state of the other prior to buriol, and the state of the other prior to buriol, and the state of the other prior to buriol, and the state of the other prior to buriol, and the state of the other prior to buriol, and the state of the other prior to buriol, and the state of the other prior to buriol, and the state of the other prior to buriol, and the state of the other prior to buriol, and the state of the other prior to buriol, and the state of the other prior to buriol, and the state of the prior to burior to burior.							ady S			44	(F)
HO age FUI FUI Hech	230	BURIAL, CREMATION, 23b. D		23c. NAME OF					ON (City or Town)	(County)	(Stote) Md
<b>–</b> –	94	REMOVAL (Specify) BUTIAL FUNERAL DIRECTOR	124/69	ADDRESS	ames	Episco	DAL 250. REC'D BY		hian. 286. REGISTRARS	SIGNATURE	P1Q
VR A15 (4)	24.	Hutchins Fur	neral H		ings,	Md.	DATE JAN	27 19	369	HILLANDSON, AND WASHINGTON	4
F. W.				*			DWILLIAM				

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1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	3017 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
HEALTH DEPT.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1. DECEASED-NAME First Middle Inst Deceased Name Page North Columbia C
	(Type or Print)
any delay is P. and 3 ta P.	CLARENCE P. JONES DEATH MATED 1 12 189 5:30%
delcy and 3. Po act	3. SEX 4. RACE S DATE OF BIRTH 6. AGE (n years let under 1 year if under 24 his 2c. DATE PRONOUNCED DEAD 2d HOUR Months Day Year
ony delid	Male   White   3/4/1893   75? YRS   January 12   1969   5-30M
Dep 3	1/0 BIKTHPLACE (Stote on foreign 1/6 CITIZEN OF WHAT COUNTRY? I.A. MARRIED THEORY MAPPIED TO COUNTY OF DEATH
s of a	Country Cintra, Va. U. S. A. WIDOWED ☑ DIVORCED ☐ Anne Arunde1 Md.
haurs after death tem 18. Give Pages 1, Office along with farm and 2 with the Sidie be offer death.	10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120 USUAL OCCUPATION (Kind of work done   12b K NO OF BUSINESS OR during most of working if a even if retred   140,5788   140
5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 ×	Norsey Rd. (back of 1913-) Operator Plastec
s after 18. Give along	13c. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?  13b COUNTY  Glen Burnie ves ADD
2 2 6 8	Md. A. A. A. A. A. Back of 1913 Dorsey Rd.
haurs Item 18 Office I and 2	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
24 haurs of in Item 18. gr's Office alc	Charles Henry Jones Elizabeth Catherine Lampkin
hin 24 ncil in niner's pages haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS
INER: This certificate shauld be executed within 24 haurs after death certificate, writing the word "pending" in pencil in Item 18. Give Pagshold be farwarded to the Chief Medical Examiner's Office along with files.  3 shauld be used as a burial-transit permit. File pages land 2 with the Station, or removal, and in any event within 72 haurs after death.	(Yes, no, or unknown) World War 1 229-14-2425 William W. Owens 163 Whitney Landing
ed in the first	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY.
be executed "pending" in nief Medkal E ansit permit. F event within	PARI I DEATH WAS CAUSED BY.  IMMICDIATE CAUSE (a) Arteriosclerotic cardiovascular disease.
exe endi	4124 DUE TO, OR AS A CONSEQUENCE OF
be in particular	Conditions, if ony, which gove (b) (b) (b)
auld vord ne Ch od-tro any	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF
sertificate shauld be executed writing the word "pending" is rwarded to the Chief Medical sed as a burial-transit permit. Ioval, and in any event within.	lost. (c)
ate of the sab	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
iffica ting rrder l as	
is certificate, writing farward a used a removal,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
this certificate, writh the farwants be used to removal	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES, NO   210 EXTERNAL CAUSE WAS  21b, TIME OF INJURY Month, Doy, Year  21c HOW INJURY OCCURRED (Enter nature of anylow in Part 1 or Part 2 Herry 18.)
E Ped P	
(AMINER: te the certified to a should four files. age 3 shault cremation,	CAUSE OF DEATH 9.M. 19
mat she mat	3018
EXAM ute th age 4 your Page	WHILE MOT WHILE foctory, office building, etc.)
	22a   certify that   taak charge of the remains described above, held an Autopsy XX Inspection [], Inquiry [], and in my apinion
ICAL   exector. Para for Para for CTOR: buriol	death resulted fram:   Natyral chuses Accident   Suicide   Hamicide   Undetermined manner
please please I director retaimed DIREC	CHIEF MED CAL EXAMINER
y, ple gral di sat b priar	SIGNATURE 226 DATE SIGNED
essary, 1 funeral funeral any be runeral lift price.	1/10//0
O DEPUTY SICA necessary, please extended in the funeral director. S may be retained to FUNERAL DIRECTOR Health prior to bur	EXAMINER'S Edward F. Wilson, M.D.  NAME (Type)  Edward F. Wilson, M.D.  ADDRESS(Street, c.ty, town, or county)
nece the 5 m Hea	230 BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LDCATION (City or Town) (County) (Stote)
~ /	Burial 1/16/1969 Baltimore National Baltimore Md.
A	24 FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 250 REGISTRAR S SIGNATURE
VR A15ME (S)	Raymond C. Fink Glen Burnie, Md. panJAN 16 1969 Milantes Judge.



		- 1			DIVICION 6			DEPARTMENT				
				00178	DIAIZION C					, MARYLAND 21201	d) d bb and	
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	も一点も			CEASED NAME First ype or print)		Middle		Lost	20 [	ATE OF DEATH	14	26 HOUR
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	E PER E		3 SE	X	4 RACE			S DATE OF BIRTH		6 AGE (in years	IF JMDER IL YEAR	F UNDER 24 HRS
	200			Female	Negr	0		2/2/	1903	last birthday) VRS.	MONTHS DAYS	HOURS ANN
	haur S. haul		7o E	IRTHPLACE (Stote or foreign	7b, CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COU	NTY OF DEATH		
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	hin 24 filled n pape ithin 7	-,	10 0	ITY OR TOWN OF DEATH		NAME OF HOSPITAL OR IN		ot in hospital 120	USUAL OCCU	PATION (Kind of work done	12b KIND OF	BUSINESS OR
	cuted within 24 impletely filled a ve carban paper event, within 72		T	aurel		illdren's	Cente	er Hospit	a Tost I'm	orking life, even if retired ) Stitutional	industry	_
	campletely ove carbar y event, wi	$\overline{}$	13o	USUAL RES DENCE (Where deceas	ed I ved, if insti 13b. COUNTY		13c CITY OR	TOWN TOT A SIDE	nwom	138 STREET AND NUMBER		
	com ove	×′	OGMI	usual kes dente (where deceas	13b. COUNT	Unknown	Unkr	IOMU ARE	40.	Unknown		
I	be executed within 24 haurs after death, and completely filled in by the tuneral eremove carban papers. Pages and 2 lin any event, within 72 haurs after beath.			ATHER'S NAME First	M ddle	Lost	15	MOTHER'S MAIDEN NA	UME First	M ddle		Lost
	n a se r			Unkn						Unknown		
	ertificate be physicion c nen please ioval, and ir		16o.	WAS DECEASED EVER IN U.S. ARN es, no_or_unknown)   (If yes give w	ED FORCES? or or dotes of service)	16b SOCIAL SECURITY	NO.   17 i	NFORMANT		Address	Laur	far.
	phy yan			No -		None	Ch	illdren's	Cent	er Hospital	Mart	rland_
	ne death cer attending p permit. The ion, or remo	- 1		1B. CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y one couse per	line for (o), (b), and (c)	)	/	1	-1-	AFPROXIN BETWEEN OF	MATE NTERVAL NSFT AND DEATH
	eatl endi			PAKI I, DEATH WAS CAUSEL	TE CAUSE (o)	asp	-y	en 1	neu	mondia		
	an, peri			486X	DUE TO, O	R AS A CONSEQUENCE OF	Λ		-9	0-1-1-		
	the the routing the notice			Conditions, if ony, which gove a use to immediate couse (o).	(b)	Captra	tion	0100	بالمرت	Contents	- 4	
	tay by the care	- 1		stoting the under ying couse	DUE TO, OI	R AS A CONSEQUENCE OF		/				
	equires physicic signed   burial-ti burial, c			lost )	(c)							
	The law requires that the death certificate attending physician. has been signed by the attending physicianse as the burial-transit permit. Then pleas th prior to burial, crematian, or removal, and			PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE	ORCONDITIO	N GIVEN IN PART 1(0)		
	w rathe		8									
	The law ratending has been se as the hariar ta	Ы	2	190 DATE OF OPERATION 196	ONDITION FOR V	VHICH OPERATION WAS PE	RFORMED	200 AUTOPSY?		20b IF YES, WERE FINDINGS () CAUSES OF DEATH?	ONSIDERED IN CE	RTIFYING
	ar at		CERTIFICATION	AL ACCIDENT MALE HARRING	D				0 🗆			
	AN: al a licati far Heo	-1		210. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT			21c HC	W INJURY OCCURRED	(Enter noture	of inqury in Port 1 or Port 2,	item 18)	1
	SICI Spit spit sed ed e		MEDICAL	(If either, notify medical examin	er) P.A							
	ATENDING PHYSICIAN: stained by the haspital or CTOR: After this certificate should be detached far usith the State Dept. of Health	-1		21d. INJURY OCCURRED 21e. While Not while 1	PLACE OF INJURY	( AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	21f 10	CATION Street or R.F.I	D, No.	City or Town	County	State
	at ten	_		at work ot work	1 2 1		1.6	1/20/11	10		611	
	DIN DIN After Stat	-1		22a. I certify that (I) (thi saw the deceased at	s naspital) a ive an	$\frac{1}{5}$	ed from	4/25/41	19	ta1/5/, 19 eath accurred an the da	09, that	(I) (we) last
	inec inec			causes stated above	, (I) (we) (dia	) (did not) view the	bady after d	leath.	y upiniun u	eam accorreg an me ga	te and navr	and from rue
	A B D 4 E			22b SIGNATURE		1			AAFD	22c	DATE SIGNED	0
	OR ATTEND be retained DIRECTOR: A JRECTOR: A je 3 should ed with the			Tolando	2. 1	doco, H.	DEGR	EE PHYS	MED D-RECTOR	D STAFF D	-6.6	7
	AL Dag	7		22d. PHYSICIAN'S NAME (Type)				22e. ADDRESS	ndin n	and a Control	- II i	4.7
	SPI 4 m 4ER VER	Ĺ		Role	ndo V.	Goco, M.			IDITE.	en's Center	, Hosb	LURI
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerpled a may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditionary page 3 should be detached from use as the burial-transit permit. Then please remosthauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any		230	BURIAL, CREMATION, 23b. [	AFY LO	23 NAME OF	CEMETER	CREMATOR	230	CCATION (City or Town)	(County)	(Store)
	5 5 5 P	۸	1	REMOVAL (Spekify)	10117	Solly	D Win	NUN	130	AH KULL	(O)	(10)
	VR A15 (4)	CK	24	UNERAL DIRECTOR	1	ADDRESS	Di	JAI 25JAI	GD BY DEGIST	PARO 250 MAISTRARY	S GNATURE	2.
	45M - 1/69	WY		115h17771222	JANA K	N SHIRT	Bruch	DATE	7.0	1000		

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1 1		DIVISION		DEPARTMENT OF HEALTH RESTON STREET, BALTIMORE, MAI	RYLAND 21201	
FOR STATE		20179	· · · · · · · · · · · · · · · · · · ·	R'S CERTIFICATE OF DEAT		06178
HEALTH DEPT.		ECEASED-NAME First Type or Print)	Middle	LOST	20 DATE KNOWN Mont	
9 d d is	1	IRA	5	JONES	OF ESTI- DEATH MATED \( \big  \)	24 169 774
ny delay is 2, and 3 ta PM3. Page	3 5	EX 4. RACE	1051		20 DATE PRONOUNCED DEAD Month Doy	Z 4 Yeor CT Z
P. P. P.	70		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED 9	COUNTY OF DEATH	- 1967 / M
ss 1, 2 arm		in WIA.	USA	WIDOWED DIVORCED	A.A. 60.	Md.
Give Pages ang with fair hithe State		ITY OR TOWN OF DEATH			E OCCUPATION (Kind of work done ist of wasking afereven if retired	
Give d		USUAL RESIDENCE (Where deceased	lived, if institution Residence before	MEDINECE	MAINT	42111124
haurs after death Item 18. Give Pagi Office alang w th and 2 w/h the Sta		dmission) STATE MD	13b COUNTY A.A.	GLENBURNIC YES   NO 5	X 416 RITCH	ir HGWY.
within 24 haurs after pencil in Item 18. Gi caminer's Office alan ie pages Land 2 with 17.2 haurs after death	14. F	ATHERS NAME FIRST	Middle Lost	15 MOTHER'S MAIDEN NAME F	rrst Middle	WHIZE
This certificate should be executed within 24 icate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiner's be used as a burial-transit permit. File pages 1 or removal, and in any event within 72 haurs on March 1985.		WAS DECEASED EVER IN U.S. ARMED FOR	CES? 166 SOCIAL SECURITY N	17 INFORMANT	ADDRESS	14-50
with pena xamı ye pa	{1	es, no, or unknown) [If yes give you	233 07-71	38 Mrs. Margare	t Jomes As	S Above
xecuted wil Iding" in pe Aedical Exar permit. File 1 within 72		DADY & DESTRUMENT CALLED D	one couse per line for (o), (b), and (c) )	2	8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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he v to the buri		lost.	(c)			1
ficate ing th ded as a l, and	~	PART Z. UTHER SIGNIFICANT CONDITIO	DNS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR COND	ATION GIVEN IN PART I(o)	
vertif writ rwar rwar nova	CERTIFICAT ON	190 DATE OF OPERATION	196 CONDITION FOR W WAS PERFORMED?	HICH OPERATION	·	20. AUTOPSY?
his cate, one for he for rem	RTIFIC	D. FUEDON L. CALLED MAN			<u> </u>	YES NO
#= m == 1	MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	24b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	21c HOW INJURY OCCURRED (Enter r	noture of injury in Port 1 or Port 2	?, Item 18 )
UNER: he cert shaul files. 3 sha natian	WED	21d INJURY OCCURRED 21e. PLA	CE OF INJURY (At home, form, street,	21f. LOCATION Street or R.F.D., No	City or Town	County State
L EXAM cecute the Page 4 far yaur 0R: Page		AT WORK AT WORK	y, office building, etc.)	· ·		
bical Examiner: se execute the cert sctar Page 4 shauld ned far yaur files. RECTOR: Page 3 shau a burial, crematian.					Inspection . Inquiry	
bicase e director etained birector or to burector o		death resulted trans	Natural causes 🗹, Accident		, Undetermined manne	er
please of direct retaine retai		ACTUAL SIGNATURE	welf	CHIEF MEDICAL EXAL		ATE SIGNED
EPUTY SSSGTY, I funerall ay be r INERAL			1 .61	DEPUTY MED CAL EX	CAMINER 🔀 /	24.69
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pr	72-	NAME (Type) Z-Z/A BURIAL CREMATION 23b DA	where of.	ADDRESS(Street, city		A.CO.
7 2		REMOVAL (Specify)			23d LOCATON (City or fown)  Arlington	(County) (Stote)
	24	FUNERAL DIRECTOR	ADDRE	oton National 250 RECD BY	REGISTRAR ZSb REGISTRAR	R S SIGNATURE
VR A15ME (5)	R	avmond C. Fin	k Glen Bu <b>tnie</b>	. Md. IDATE JAN	29 1989 904	carles Judge



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1		DIVISION OF VITAL	. RECORDS, 301 W. PRESTON STREET		
		00180	CERTIFICATE OF DE		0179
of 2 arh.		CFASED NAME First (ype or print)	Middle Lost	2g. DATE OF DEATH	2b HQUR
er death funeral I and er death		GSS/e (	t. Jump	JANUARY 6	1969 5 AM
haurs after death haus after funeral s. Pages I and 3 faurs after death	3 5	Female 4 RACE Whit	e June 24	6. AGE (In years	IF LINDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
haur	76 (a)	BIRTHPLACE (State or foreign   7b CITIZEN OF WHAT COU	INTRY?   8. MARRIED [ ] NEVER MARRIED [	9. COUNTY OF DEATH	0
in 24 ha filled in 1 papers.		"VIKGINIA U.S.	WIDOWED DIVORCED [	77000	
within 24 ban pape	10	JEN BURNIE MD give street od	dress Noc ARUNDEL O	2a USUA. OCCLPAT ON (Kind of work done uring most of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
campletely ave corbal y event,	13o adm	LSLAL RES DENCE (Where deceased fived, if institution Ression) STATE MARYLAND 13b COUNTY ATTORNOR	There before 13c CITY OR TOWN 13d IN YES	SIDE CTY JMJ157 13e STREET AND NUMBER	Teair
and rem	14.	ATHERS NAME First Middle	Lost 15 MOTHER'S MAIDEN  OFLE  MART	NAME First Modele HA JONGS Modele	Last
finate by ysician (ysician please al, and i		WAS DECEASED EVER IN L S. ARMED FORCES? 166 SC	CIAL SECLRITY NO. 17. INFORMANT	A la Address	melagil
phys aval,		es, no of uptknown) (If yes give war or dotes of service)	- Woodrow S.	Harrison Sourna	Park, mil
E DE E		18 CAUSE OF DEATH (Enter only one couse per line for (	1) (b) and (c))		APPROXIMATE INTERVAL BOTWEEN ONSET AND DEATH
attendary permit.		PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	HT		Asiace: 1
nt the arthe are silt pe		Cand tions, if any, which gove )	SEQUENCE OF		1100 -
that in. by the cansi		rise to immediate cause (o), Stating the underlying cause DUE TO, OR AS A CO	NSEQUENCE OF		flate o
physician. physician. signed by burial-trar		lost (c)			
The law requires that the attending physician. has been signed by the se as the burial-transit in prior to burial, cremating A.	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1(a)	
law rendi s be as th	CATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPE	RATION WAS PERFORMED 200 AUTOPSY?	205. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
t: The lar after the has use as alth pri	GRIIF	21a ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY	YES _	NO CALSES OF DEATH?	
PHYSICIAN: The law e hospital ar attendin his certificate has bee stacked far use as the Dept. af Health prior t	MEDICAL (	OR CONTRIBUTING CAUSE OF DEATH  (If either, natify medical examiner)  HOUR A.M Mont	Doy Yeor	(Enter nature of injury to Part I or Port 2	tem 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. af Healt	2	gt work gt work	FARM, STREET, FACTORY ) 27F. LOCATION Street or R		County State
JING by t ffer ffer be c State		220. I certify that (I) (this hospital) attended saw the deceased alive on causes stated have (I) (we) (A) (I) does	the deceased from NV18	, 19.50 , to 1251 5 , 19	, that (I) (we) lost
OR ATTENDING be retained by th JIRECTOR: After the 3 should be de		cooses stated abave, (v) (we) (ala) (ala tic	719_&7, and that in (my) (o it) view the body after death.	ur) opinian death Eccurred an the da	te and haur and fram the
OR A be rethered signature of writeed with		22b SIGNATURE	DEGREE COLLYS	MED. STAFF DIRECTOR PHYS. D	DATE SIGNED
D HOSPITAL OR ATTENI Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22d PHYSICIAN S NAME (Type)	ZZe. ADDRESS	DIRECTOR TO FIRE 1	10107
TO HOSPITAL Page 4 may O FUNERAL I directar, pag shauld be fil	23a	BURIAL CREMATION 236 DATE REMOVAL (Specify) From 8, 1968	235. NAME OF CEMETERY OR CREMATORY	23p LOCATION (City or Town)	(Courty), 4 (State)
07 0 0 1 p.		BULLICO IT	Must bemelery	Dr. Michaels	Talbot Md
VR A15	24.	FUNERAL DIRECTOR & Leonard,	St. Michael's hid Date	RECD BY REGISTRAR 256 REGISTRAR'S	GNATHRE

MAND TINKII SINIE NEDADIMERII IIL DERITO



1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		CULOS MEDICAL EVAMINEDIS CEDITICATE DE DEATH	00120
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month	Doy Year 2b HOUR
2 to 8 to 9		Type or Print)  HERMAN K. JUPITZ  DEATH MATED  1 9	19 69 9:14
ny delay is 2, and 3 ta PM3. Page	3 5		2d HOUR
P M3 P		le White 1971/2/1926 42 YRS Innuary 9	Yeor 19 69 9 • 1 0M
		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
ath ages Ith fari		Anne Arundel	Md
after death  8. Give Pages 1, along with form with the State December 1.	10.	give street address) during most of work no if a even if cetted.)	12b KIND OF BUSINESS OR INDUSTRY
after de 3. Give Palong with the eath.	130	Annapolis North Arundel Hospital STeveder & USUAL RESIDENCE (Where deceased fived it institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
along along death.		Idmission) STATE 13b. COUNTY	(Λ D
1 L 2 L 2	14.	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
		Carl Jupits Anna	Wolk
hin 24 mers pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or yinknown) (tyse give wor or doles of service)  Yes, no, or yinknown) (tyse give wor or doles of service)	
vit an an		Tes, no, or unknown) (1 yes give wer or doles of sarvice) 214-20-4306 Mrs. Pauliga Jupitz Route 10 Box 8.	3 F Pasadens, M
		18 CAUSE OF DEATH (Enter anly one cause per line for (a) (b) and (c)) PART I, DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Id be executed rd "pending" in Chief Medical E transit permit F by event within		Circa o immediate cause (a) Isopropyl Alcohol intoxication	
pence example if M		Onditions, if any, which gave	
d b d b d ii Chik tran tran		rise to immediate cause (a), (b)	
The state of the s		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
n ÷ + ¬		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND TION GIVEN IN PART 1(a)	
s certificate e, writing th forwarded to used as a l emaval, and	_		
	S S	19g. DATE OF OPERATION 19b. CONDITION FOR WH CH OPERATION WAS PERFORMED?	20. AUTOPSY?
e de la companya de l	CERTIFICATION		YES NO
		21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	
INER: e certifi shauld lites files 3 shauld catian, o	MEDICAL	CAUSE OF DEATH  2 PM 1 6 19 69 Subject ingested isopropy1 a1 21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R FD No. City or Yawn	County State
EXAMINER: cute the cert age 4 shauld ryour files :Page 3 shauld ; crematian,		WHILE NOT WHILE foctory, affice building, etc.)	A. A. Md.
Extraction of the control of the con		AT WORK   AT WORK   Home   Box 83 Rt. 10   Pasadena   22a.   Certify that I taak charge of the remains described above, held on Autopsy   X   Inspection   Inquiry	
ICAL EXAMINER:  e execute the cert for Page 4 should ed for your files CTOR: Page 3 shou burial, crematian,		death resulted fram Matural causes [], Accident [XX Suicide [], Hamicide [], Undetermined manner [	
please directe directe retaine DIREC		CHIEF MEDICAL EXAMINER	_
JTY DIC, ry, please e eral director be retained RAL DIRECT RAL DIRECT PRIAT TO BUT TO		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATES	
San Une NER		EXAMINER'S  DEPUTY MEDICAL EXAMINER   1/9/	69
TO DEPUTY DIC necessary, please the funeral directo 5 may be retained TO FUNERAL DIRECTORECTORECTORECTORECTORECTORECTORECTO		NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city town, or county)	
57 - 15 57 1	230	REMOVAL (Specify) 1/2/69 230 NAME OF CEMETERY OR (REMATORY BITTING)	(County) (State)
^	24	FUNERA DIRECTOR / TOLOGE FOR ADDRESS OF THE 250 REGISTRAR 250 REGISTRARS	GNATURE
VR A15ME [5]		Charles 1,501 East Feet AVENUE DANAN 14 1969 Jelian	as Judge



- 1 1				301 W. PRESTON STREET, BALTI		
<u> </u>		0018~		CERTIFICATE OF DEATH		00181
£ 22		CEASED NAME First	Middle	Lost	20 DATE OF DEATH Boy	Year 2b HOUR D
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death stoined by the hospital or ottending physician.  CTOR: After this certificate has been signed by the attending physician and completely filled in by the food should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1-mills the Stote Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after a dath		rpe or print) PET		KAIROS	JAMUARY '	21 19691:2274
	3 SE	(	4. RACE	S. DATE OF BIRTH	7.1926 6 AGE (In years last birthday) 42 YRS.	IF UNDER 1 YEAR F JNDER 24 HRS. MONTHS DAYS HOURS MIN
rs at		MALE	WHITE			
hours n by H s. Pag hours	7o B	tRTHPLACE (State or foreign try)	7b. Catizen of What Country?	MAKKIED FF MEACK MAKKIED	9 COUNTY OF DEATH	
felled in papers. Thin 72 h		MARYLAND	USA 11 NAME OF HOSPITAL OR IN	WIDOWED DIVORCED 120 USU	ANNE ARUNDEL  L OCCUPATION (Kind of work done	12b K ND OF BUSINESS OR
a a a a a a a a a a a a a a a a a a a		TY OR TOWN OF DEATH GLEN BURNIE	give street oddress) NOKTH ARUND	EL GENERAL during m	est of working life, even if retired) HOLSTERER	INDUSTRY UPHOLSTERY
even de	130 odmi:	JSJAL RESIDENCE (Where deceo- ision) STATE MARYLAND	sed lived, if institut on Residence before 136. COUNTY		MITS? 13e. STREET AND NUMBER 884 MILDRED	AVE
ou o	14 F	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME F		Lost
ui p		GEORGE			IOLET	STANELY
director, page 3 should be detached for use as the burial-transit permit. Then please remove can should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every should be filed with the State Dept.	160. Ye	WAS DECEASED EVER IN U.S. ARI es, na, or unknown) (If yes give to		NO. 17 INFORMANT 1956 DEDBRES E. KA	Address IROS (wife) SAMI	E AS #13
oma		1B. CAUSE OF DEATH (Enter or	nly one cause per ine for (a), (b) and (c)	1)		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
or re		PART I. DEATH WAS CAUSE	nty one cause per ine for (a), (b) and (c) D BY:  ATE CAUSE (a)	owary through	0173	2 days
on,		4. /	DUE TO, OR AS A CONSEQUENCE OF	•		
naf		Conditions, if any which gave rise to immediate cause (a), !	(b)	uts pulmon a	ry edeur	
UI, UI		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	A. S. C. U	۵	
o buri		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(0)	
	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE	ERFORMED 200. AUTOPSY? YES NO [S	206 IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
長 ×	CERT.	210 ACCIDENT WAS UNDERLY!	NG 21b. TIME OF INJURY		r nature of injury in Port 1 or Part 2,	Item 18.)
2 116	중	OR CONTRIBUTING CAUSE OF DEA				
	MED	21d INJURY OCCURRED 21e While Not while at work	PLACE OF INJURY ( AT HOME FARM, STREET, FA	(CTORY,) 21f. LOCATION Street or R.F.D. No		County State
tote		22a. I certify that (1) th	nis hospital) attended the deceas	ed from 104 19, 196 1969, and that in(my) (aur) api	9, 10 Jan 21, 19	69 , that (1) (we) last
the s		saw the deceased causes stated abov	alive an 27 (we)(did)(did not) view the	19 <u>65</u> , and that in(my) (aur) api body after death.		
憲		22b. SIGNATURE	10 1 1	7/) DEGREE PHYS	NED STAFF	DATE SIGNED
<u>a</u>		Colourt	Baholny 1	DEGREE PHYS 22e. ADDRESS	IRECTOR U PHYS. U Ja	4 21, 1969
d be fi		22d. PHYSICIAN'S NAME (Type) ROB	ERT DABOLI	NS, MD 400 CAQ'S	Hway NW glu Be	un Md
shoul	<b>2</b> 3 a	BURIAL, (REMATION, 23b REMOVAL (Specify)		CEMETERY OF CREMATORY HAVEN MEMORIAL PAI	23d LOCATION (City or Town)  GLEN BURNIE	(County) (State)
A15 41	24	UNGALOW CLOSE	SINGLETONDA	UNERAL HOME 250 RECOL	Y REGISTRAR 256. REGISTRAR S	
11/58		1 Dingleton	GLEN BURNI	E, MARYLAND DATE JA	H & O 1393 1	

1 1/2

		1			D STATE DEPARTMENT UP		
	•		30183	DIVISION OF VITAL RECORDS,			00182
1		_	,		CERTIFICATE OF DEATH	1	00102
£ 59	d E		CEASED-NAME First  The print First  The	Middle	KeiTer	20. DATE OF DEATH  1. Month Doy	Yeor 2b. HOUR
deat	9	3 51		LEG		JANWARY 6	
the fr	rs atte		MAle	4. RACE white	S DATE OF BIRTH  APRIL 14	6 AGE (In years lost bighday) YRS	IF UNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
nour	202	7a I	BIRTHP_ACE (Stote or foreign	76. CIT ZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 the graph of th	7/	1	West VINGINA	USA	WIDOWED DIVORCED	Anne ARundel	Md.
within 24 hours affectely filled in by the full bon papers.	FE / 3	1	nnitpolis	give street oddress) Anne Araidal Gi	eneral Haspital For	SUAL OCCUPATION (Kind of work done most of working life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY SIKMIL
exercted completed control	event,	13o odm	USUAL RESIDENCE (Where deceose ssion) STATE MARYLAND	d Lved, if institution: Residence before 13b COUNTY Anne Anundal	13c CITY OR TOWN 3d INS OF CIT		
o pund	, and unit	14. 1	ATHERS NAME FIRST Frederick	Middle Last theodore Rec	ter Lucina	E Frst Middle	C/ARK
requires that the death certificate be executed within 24 hours affer death a physician and campletely filled in by the funeral a burial-transit permit. Then please homove corban papers Pages 1 and 2	VOI, OHO	160 Y	WAS DECEASED EVER IN U.S. ARMI		NO 17 INFORMANT MIRS. A	NITA Keite Address	Pento md
Gen Gen	E		18 CAUSE OF DEATH (Enter only				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ooth ndr	or re		PART DEATH WAS CAUSED	r one couse per line for (o), (b) and (c) BY F CAUSE (a)  F CAUSE (a)	CHOPNEUMO	WiA	BELLMIEN ONZEL WAD DEVLH
e de atte	u,		2509	DUE TO, OR AS A CONSEQUENCE OF			
the the	100		Conditions, if any which gove	(b)	DIABETES	MELLITUS	
tha by ron	9		rise to immediate cause (a),( stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
sign sign sign sign sign sign sign sign	9,		last.	(c)			
phy phy sign	2		PART 2 OTHER SIGNIFICANT CONE	OFFICE CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART I(o)	
v re ng en	0	2		CRUSHED	L.I VER	TEBRAE	
lav endi 5 be 5 be	Ē,	CERTIFICATION	190 DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	206 IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
The off	5	I E			YES X NO	CAUSES OF DEATH?	
N	E C		210 ACCIDENT WAS UNDERLYING CAUSE OF GEATH		21c HOW INJURY OCCURRED (En	oter nature of injury in Part 1 or Part 2,	Item 18.)
15 th	5	DICAL	(If either, notify medical examine	r) P.M. 19			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 moy be retained by the hospitol or ottending physician TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use os the burial-trol the contraction.			at work of work	LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC			County Stote
by 1			22a. I certify that (4) (this	haspital) attended the decease	ed fram Dec 2/ , 19	65, to Jon 6, 19	99, that (W (we) last
END ed S: A			saw the deceased all	ve an 7/m 6	9.6.7, and that in (page) (aur) a	pinnan death accurred an the do	ite and havr and fram the
Tage to the state of the state			20L FIGHTINE	(i) ( (aid) (urams) view me	oddy after deam.		
OR ATTENI be retained DIRECTOR: A Sie 3 should	<u> </u>		J.C.	Cullis mo	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	DATE SIGNED
	<u> </u>		22d PHYSICIAN'S	1	220 ADDRESS	DIKECTOK - PHYS	
TO HOSPITAL Poge 4 moy To FUNERAL I director, pog	ad Di		NAME (Type)		VID Habri	Drofession Buils	hing Severing
TO HO Poge To Fun			BURIAL, CREMATION, 23b DI REMOVAL (Specify)	N. 9 1968 MEAC	CEMETERY OR CREMATORY	PK. ELKRIGGE	MaryLAnd
VR CAN	The state of the s	24.	UNERAL DIRECTOR	SinghETon FUNES	RAL HONE 250 RECD	BY REGISTRAR 25b REGISTRARS	
Lagge	4/69	5	B. Flaming	GLEN BUR	NIE MI DANAN	18. 1969 Hillian	Cay Judges :



1	MAKTLAND STATE DEPARTMENT OF HEALTH	21201
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND STREET, BALTIMORE, B	00183
÷ _2+	DECEASED NAME First Middle Last 20. DATE OF DEATH	2b. HOURP
er death funeral	Type or print) Douglas Stokes KING January	1/4 1969 1:15M
# 2 T	EX 4 RACE S. DATE OF BIRTH 6 AGE (In	VEORS IF UNDER 1 YEAR IF UNDER 24 HRS
the off	Male Negro Dec. 13, 1905 63	doy) MONTHS DAYS HOURS MIN
hours of hours hours	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARDIES THE NEW PROPERTY 9 COUNTY OF DEATH	18.5
n 24 hc illed in papers.	onnecticut U.S. WIDOWED DIVORCED Anne Arun	del
hin 24 filled pape th n 77	CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If gat in hospital 1/20, USUAL OCCUPATION (King of w	ma.
ed withi	Annapolis   Gen. Hospital during most of working life, even if	retred) INDUSTRY
	(15) COUNTY VECT NOTES A	UMBER Rt-3,
ind compressions on several		on the Bay
00 55	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First	M adle Last
ic.an (leose and ii	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	Address
physican or physican or pleose oval, and in	Yes, No, ar unknown) (If yes give war or doles of service) Opended H. King Com	in aprilo mi.
ne death ce ottending ( permit Thi	18 CAUSE OF DEATH (Enter only one cause per ine for (o) (b) and (c).) PART L DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BUTWEEN GINSEF AND DEATH
ie deat ottend permit ion, or r	IMMEDIATE CAUSE (a)	whit Luky
that the dea ion. by the ottenc tronsit permit cremation, or	Conditions, if ony, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave)	· T will
at the	nse to 'mmed ofe cause (a). (b)	5
quires that the physicion. signed by the buriol tronsit burial, cremot	stating the underlying cause DUE TO OR AS A CONSEQUENCE OF Carrely Carrely Vuserka	1 Penils 9 mals
equires physici signed buriol !	PART 2 OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II	(a)
ing ing en the		
AN: The law read of a standing licate has been far use os the Health prior ta		FINDINGS CONSIDERED IN CERTIFYING
를 보고 함께 소	YES NO NO CAUSES OF DEATH?	
AN: al or icate far t Heo	210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter notice of injury in Part 1 DOR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Mainth Doy Year	or Port 2, Item 18.)
SICE Spring Section of	tif e ther, natify medical exominer) P.M. 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retoined by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic director, page 3 should be detached far use os the buriol trons: permit Then ple should be filed with the State Dept. of Health prior ta burial, cremation, or removal, contact the province of the prior tabuse of the prior tabuse of the page 3 should be detached far use os the burial, cremation, or removal, contact the prior tabuse of the page 3 should be detached far use of the prior tabuse of the prior tabuse of the page 3 should be detached far use of the prior tabuse of the page 3 should be detached far use of the prior tabuse of the page 3 should be detached far use of the page 3 should be filed with the State Dept.	21d INJURY OCCURRED While Not while at work  21e PLACE OF INJURY (AT HOME FARM, STREEF, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town	Caunty State
JING by It frer t frer t Stote	22o. I certify that (I) (this hospital) attended the deceased from, 19, to	, 19, that (I) (we) lost
NDI NDI ed b	sow the deceased alive an	in the date and hour and from the
ATTE etoine CTOR shoul	couses stated obove, (I) (we) (did) (did not) view the body ofter death.	
R A A S S S S S S S S S S S S S S S S S	22b. SIGNATURE  ATTENDING MED. STAFF DEGREE PHYS D RECTOR D PHYS D	22c DATE SIGNED
y be oge	22d PHYSICIAN S 22e ADDRESS 22e ADDRESS	
PITA mg ERAI	NAME (Type) A. T. Allen, M.D. 62 Cathedral St., Anna	apolis. Md.
TO HOSPITAL OR ATTER Page 4 may be retoine TO FUNERAL DIRECTOR: director, page 3 should should be filed with th	BURIA, CREMATION, 230 DATE 230 NAME OF SEMETERY OR CREMATORY 23d OCATION IC to of In	
0 0 pg / v	REMOVA (Specify) 1-18-1969 Bolding, Hall Clean Princess (	Inne mel
VR AIS	FUMERAL DIRECTOR ADDRESS JULY 19 250 RECD, BY REGISTRAR CO 250 RI	GISTRAR'S SIGNATURE
45M 1 1 0	15, Washington & Sm 4925 1) Gaspare All 20 1969.	may Judge



1 0/	Ιt	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2010
EOD STATE	1/	129/69 kk GL83 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00184
HEVITH DEDT	1 0	THE PART BARNING V VIII VIII V V VIII V V VIII V	h Doy Yeor 25 HOUR
o ox =		(Type or Print)  Howard  V. King  DEATH MATED TI	17 169 17:00
deloy is and 3 to	3 5	SEX 4 RACE S DATE OF BIRTH & AGE IN 1990'S IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOLUNIED DEAD	2d HOUR
2, and 3 pm3 pm3 pm3 pm3 pm3 pm3 pm3 pm3 pm3 p		Male C 12/25/1915   Male C 12/25/1915   Male Days Months Days Hours M.H. Magin Day	17 Year 19 69 11:55
		BIRTHPLACE (State or foreign 76. CTIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	AM
te for se	_	MIDOWED DIVORCED ATTOL County	Md.
after death  8. Give Pages olong with for with the State	10.	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUT ON (f not n hasp tol   12a USUAL OCCUPAT ON (K nd af wark dame due not	
ir de nve P g wi	10	Vessyp Md. House of Correction Wilmployed.	NONZ.
		odmission) STATE 13b (OUNTY	address
Office of office	14	FATHER S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
of the state of th	Ι.	John King ETTA	Queen
h n 24 nord in nine s poges hours		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	342-270
with pendexami	ľ	(Yes, na, grunknown) [11 yes give wor or dates of service) YNK. He kn Bailey 1215	
should be executed wirely word "pending" in per the Chief Medical Exarting Permit. File in any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPRDXIMATE INTERVAL BETWEEN DISET AND DEATH
xecuted nding" in Medical permit.		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction	
ex penc f M f M sit p		DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove )	
d be d big Chie		rise to immediate cause (a), (b)	
should be to word "per or the Chief burial-transit I'm ony ever		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF last.	
the shape of the noting of the modern		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. (6)	
ing dec	_		
certifi orwar used moval	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This ricate, be fo	RTIF		YES NO
NER: The certification bould be lies. Should be should be tion, or		210 EXTERNAL CAUSE WAS 215. TIME OF IN. JRY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2 PRIMARY OR CONTRIBUTING HOUR A.M	, Item 18)
INER: e cerí shoul files. 3 shor	MEDICAL	CAUSE OF DEATH P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: ute the certinge 4 should your files. Page 3 shou	_	WHILE AT WORK	20010) 31010
111 5 6 6		220 I certify that I took charge of the remains described above, held on Autopsy X, Inspection I, Inquiry	ond in my opinion
ICAL E exector. Partor. Partor		deoth resulted from. Notural causes [X], Accident [], Suicide [], Hamicide [], Undetermined monne	hand f 1
please e I director retoined L DIRECT		CHIEF MEDICAL EXAMINER	
JTY please erol direct be retoin RAL DIRE prior to		SIGNATUREMD	TE SIGNED
DEPUTY ressary, F e funeral may be r FUNERAL			18,1969
o DEPUTY  Decessary, please e: the funeral director. S may be retained O FUNERAL DIRECTO Health prior to bu	22-	NAME (1998) ADDRESS(Street, City, Town, or county)	(Caraba) (Caraba)
2	10	O REMOVAL (Specify)	(County) (State)
		FUNERAL DIRECTOR,  ADDRESS  250 RECD BY REGISTRAR 250 REGISTRAR	
VR A15ME (5)	M	LORTON + DYOT EH. INC. 1701 LAURENS DATE JAN 20 1989 PC	tanks feeling
D	-		

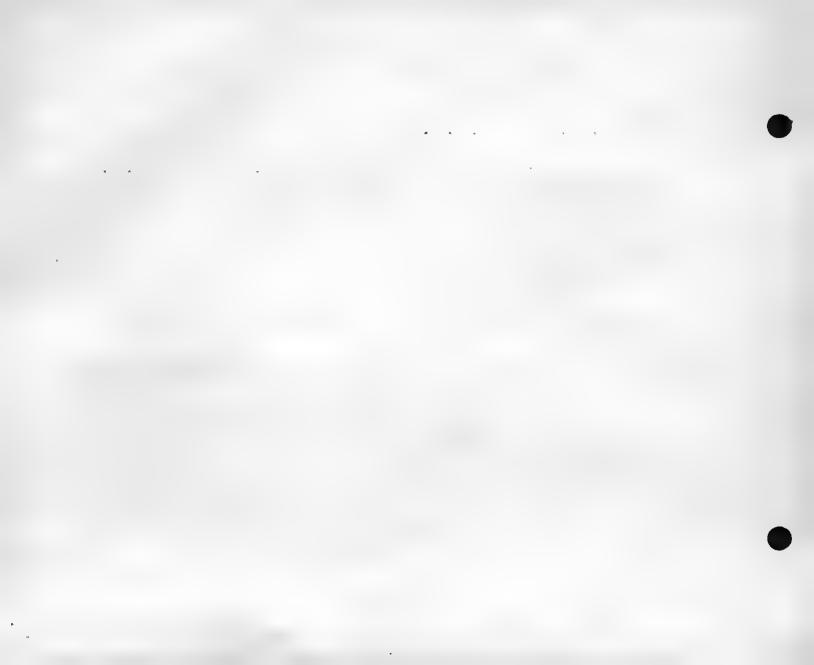


	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Item#6, FilmGhll 4/7MEDIGAL EXAMINER'S CERTIFICATE OF DEATH 03	325
HEALTH DEPT.	I DECEASED-NAME REV. First Middle LOSE C. SS. R. 20 DATE KNOWNET Month Day	Year 2b HOUR
~ 5 5 € X	(Type or Print) Thomas KOZLOVSKY DEATH MATED 1 13	69 P
Mand 3	3 SEX 4 RACE S DATE OF BIRTH 6 AGE IN YOUR IF UNDER 1 YEAR SE UNDER 24 HRS. 2c DATE PRONOUNCED DEAD  1/19/09 / FRS YRS  YEAR	169 P N
form Fe Depo	70. BIRTHPLACE (Stote or toreign to citizen of WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED AND ACCOUNTY OF DEATH	M
after death ar 8 Give Pages 1, 2 along with form with the State Depleath.	10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during hospital of working life, every life of your days	OF BUSINESS OR
	13a LSUAL RES DENCE (Where deceased lived, f institution Residence before 13c CITY OR TOWN admission) STATE ND 13b COUNTY BALTO.— BISITINIOLE YES NO 2111 Ashland Ave	е.
Hem the Office of the A	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	last
	Thomas Kozlovsky Mary Kaspa	AT
d be executed within 24 d "pending" in pencil in Chief Medical Examiner's transit permit. File pages y ≡vent within 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b SOCIAL SECURITY NO. 17. INFORMANT Rev. Vincent Crotty, 2111 Ashla	and Ave.
should be executed with a word "pending" in period to the Chief Medical Example. File burial-transit permit. File in all went within 72	DADT I DEATH LANGE CHIEF DV	PROXIMATE INTERVAL VEEN BRISET AND DEATH
e execute pending" of Medical sit permit	IMMEDIATE CAUSE (a)	e.
be executed "pending" in nief Medical E ansit permit. F	Conditions, if only, which gave )	
world the Christial-tra	nise to immediate cause (a), (b)  stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shou e we o the in a	last.	
offer of the control	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
E.E.B. B	NO. DAY OF ONE WAY	
is certific te, writin forward is used a removal,	WAS PERFORMED?	AUTOPSY?
	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	YES NO 🔀
INER: This certificate, write should be forwar files. 3 should be used artion, or remova	PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH P.M. 19	
	The last of the la	State
EXAM ute th nge 4 your Page crem	WHILE AT WORK	
ICAL E executor. Pared for CTOR: Purial,	22a. I certify that Hopk charge of the remains described above held an Autopsy , inspection I Inquiry on	d in my apinian
Se e sector ned med se bu	death resulted frage. Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	
plea directal	ACTUAL CHIEF MEDICAL EXAMINER	/_
EPUTY Ssary, I funeral ay be r INERAL th prid	SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED  EXAMINER'S  DEPUTY MEDICAL EXAMINER 3330	69
necessary the funer 5 may be O FUNER Health p	EXAMINER'S NAME (Type)  L. L. NAME (Type)  ADDRESS(Street, city, town, or county)	
necessary, please the funeral direct 5 may be retaine TO FUNERAL DIRECT Health prior to	230 BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
9	Burial 4/2/69 HolyRedeemer Cemetery Baltimore, Md.	
VR A15ME (5)	24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.  3331 Brehms Lane  ADDRESS  ADDRESS  DATE APR 2 1969  APR 2 1969	redge



		Z 20 4 15	IVISION OF VI	TAL RECORDS,	301 W. PRI	STON STREET	, BALTIMOR	E, MARYLAND			
		0180			ERTIFICA	TE OF DE	ATH		001	85	
4 -24		CEASED-NAME First		Middle		Lost	20	DATE OF DEATH			2b. HOUR
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MAKTLAND STATE DEPARTMENT OF HEALTH



1	1	ON A DIVISION			DEPARTMENT OF HEALTH RESTON STREET, BALTIMORE, MA	RYLAND 21201	
FOR STATE		20181 DIVISION			R'S CERTIFICATE OF DEAT		UC186
HEALTH DEPT.		ECEASED NAME First Type or Print)		Middle	Lost	2a DATE KNOWN Mantl	Doy Year 2b HOUR
ay is 3 to Page		1463	RBERT	C harle		DEATH MATED 1	30 699 A M
any detay 2, and 3 t PM3. Pag	3 51	Male 4 RACE White	7-29-67	last k	(In years IF UNDER I YEAR IF JINDER 24 HB orthoday) MONTHS DAYS HOURS IN	2c DATE PRONOUNCED DEAD Month Day	Yeor 1969 A M
ath any delay ages 1, 2, and 3 kh form. PM3. Pa	7a, ( caun		b citizen of what cou USA			COUNTY OF DEATH Anne Ari	
with for		Glen Burnie	give street a	ddress)	rth Arundel Hospital	L OCCUPATION (Kind of work dane ist of working ife even if ret red.) None	12b KIND OF BUSINESS OR INDUSTRY
d within 24 hours after de in pencil in Item 18. Give Examiner's Office along with the File pages 1 and 2 with the in 72 hours after death	01	USUAL RES DENCE (Where deceose dmission) STATE Md	13b. COUNTY A. A.	tesidence befare	13c CITY OR TOWN  Glen Burnie YES   NO [	13e STREET AND NUMBER	re Lane
24 hours in Item 13 S Office s 1 and 2	14. E	ATHERS NAME First	M.ddle rd C	tost Ku'	15. MOTHER'S MAIDEN NAME F	Catherine Middle	Smith Lost
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should be execute e ward "pending" i the Chief Medical urial-transit permit in any event with		18. CAUSE OF DEATH (Enter only PART ). DEATH WAS CAUSED IMMEDIAN Conditions, if only, which gave rise to immediate couse (o), stating the underlying couse lost	One couse per line for BY  E CAUSE (o)  DUE TO, OR AS A (o)  (b)  DUE TO, OR AS A (o)	to ly	per Reguenty	Dermi	APPDOWNATE INTERVAL BEDWELM ONSET AND DEATH
XAMINER: This certificate is the tertificate, writing the geta should be farwarded to your files.  Sage 3 should be used as a bactemation, or remaval, and	ATION	PART 2 OTHER SIGNIFICANT CONDITION  190. DATE OF OPERATION	196. С	ONDITION FOR W	RELATED TO THE TERMINAL DISEASE OR COND HICH OPERATION	OTION GIVEN IN PART I(o)	20. AUTOPSY?
This c ficate, be fai d be u	CERTIFICATION	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY	Month, Day, Year	21c HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Port 2	YES NO YES NO YES
certi: certi: could could ces. chaul	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	P.M.	19			
KAMIN te the ye 4 sh your fil age 3 s	ME	21d INJURY OCCURRED 21e P. WHILE NOT WHILE AT WORK AT WORK	LACE OF INJURY (At homory, affice building, etc.)	e, form, street,	21f. LOCATION Street or R F.D. No.	City ar Tawn	County State
TO DEPUTY DICAL EXAMINER: necessary, please execute the certite funeral director. Page 4 should 5 may be retained far your files. THE FUNERAL DIRECTOR: Page 3 should health priar to buriol, cremation.	230	death resulted from.  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL (REMATION 23b	Natural causes [wall	Accident	CHIEF MEDICAL EXA  M.D ASSISTANT MEDICAL  DEPUTY MEDICAL EX  ADDRESS{Street, city	EXAMINER 22b. DA	TE SIGNED  3-69  HACO  ((County) (Stote)
VR A15ME (9)		FUNERAL DIRECTOR GONARD J. Ruck,		ADDRES	S 250 REC D BY		S S CNATURE

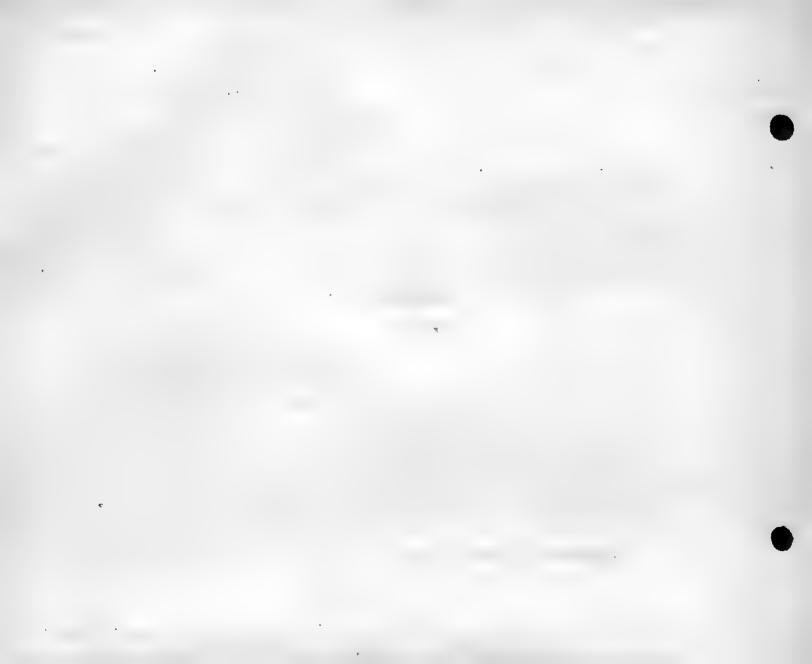


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	160. Y	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b SOCIAL SE	CURITY NO 17 INI	FORMANT		Address		
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		18. CAUSE OF DEATH (Enter on	y one couse per line for (o), (b), 0 8Y	ond (c).)	/			APPROXIMA BETWITH ONS	TE INTERVAL SET AND DEATH
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		lost.	(c)						
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ĺ	CERTIFICATION	210 ACCIDENT WAS UNDERLYIN	G 216 T ME OF INIURY	21c HOV	YES NON NON (En		In Part I or Part 2	Item 181	
	룡	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Doy	Yeor	till decounter tru	ner violote of Hillink	ir full f Ut Full 2, 1	10.)	
	MED.	(If either, notify medical examing 21d. INJURY OCCURRED 21e.	PLACE OF INSURY / AT HOME, FARM, S	19   TREET, FACTORY } 21F LOCA	ATION Street or R.F.D. I	No City or	Town	County	Stote
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		saw the deceased a	is hospital) ottended the d	11 19 69, and	that in (my) (aur) o	pinion death acc	urred on the da	te and haur a	nd from the
		couses stated obave	(I) (we) (did) (did not) vie	w the body after de	eath				
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			d S. Beck, M.D.			lin St.,	Annapolis	. Md.	
	23p	BURIAL, CREMATION, 23b I		ME OF CEMETERY OR CO		23d. LOCATION		(County)	(Stote)
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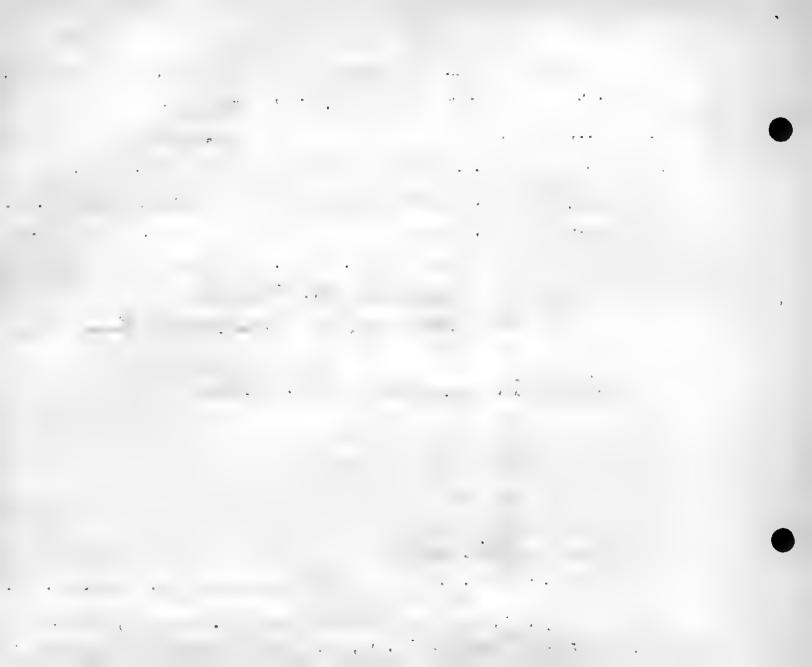
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	ı	MARTLAND STATE DEPARTMENT OF I		
-6-		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALT	IMURE, MARYLAND 21201	00188
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The low attention and the second and the prior of the prior of the prior of the second and the second	E	YES NO X	CAUSES OF DEATH?	
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icla pital pital di fe af H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year    Contributing Cause of Death Power P.M. 19		
PHYSICIAI ne hospital his certifica etached fa	Æ	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21F LOCATION Street of R.F.D. No.	City or Town	County State
JING PHYS by the has ther this ce be detache State Dept.		While Not while Of work		
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NDI NDI Id P Id P Id P		22a. I certify that (1) (this haspital) attended the deceased from 12-21, 1925, and that in (my) (aur) api	inian death accurred on the dat	te and haur and fram the
A ATTENI retained ECTOR: A 3 shauld with the		causes stated above, (I) (we) (did) ( <del>did not</del> ) view the bady after death.		
OR ATTENION DIRECTOR: A shauld be with the		226. SIGNATURE ATTENDING TO A	MED STAFF COL	DATE SIGNED
OR per pose 3			MED STAFF PHYS.	1-11-69
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TO HOSPITAL OR ATTENDING Page 4 may be retained by 1 TO FUNERAL DIRECTOR: After director, page 3 shauld be of shauld be filed with the State				
HO Ige Irec	23a	B_RIAL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)	23d LOCATION (City or Town)	(County) (State)
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The same of the sa	1			D STATE DEPARTMENT OF		
		30130		301 W. PRESTON STREET, BA CERTIFICATE OF DEATH		20189
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Pita Pita Pita Pita Pita Pita	MEDICAL	or contributing Cause of Death Of either, notify medical examiner	P.M. North Day Tear			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicias director, page 3 should be detached for use as the burial-transit permit. Then pleas should be fate to be so the burial-transit permit. Then pleas should be filled with the State Dept. af Health priar to burial, crematian, ar remayal, and	×	21d INJURY OCCURRED 21e. PL While Not while at work at work	ACE OF INJURY (AT HOME, FARM, STREET, FA	21f, LOCATION Street or R.F.D.	No. City or Town	County State
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NND Sed E	П	saw the deceased aliv	e an	9 and that in (my) (our) o	pinian death accurred on the do	ate and haur and fram the
TI SO STATE OF STATE	П	22b. SIGNATURE	1) (we) (did) (did nat) view the	bady after death.	224	DATE SIGNED
OR A	П	am Dr	my the MD	DEGREE PHYS.	AACD CTAFF	1/14/69
AL O	L	22d. PHYSICIAN'S	7,000	22e. ADDRESS		
FRA model		NAME (Type) Ray M.	Smith, M. D.	Hahn Prof	essional Bldg., Se	verna Pk., Md.
O HOSPITAL Page 4 may O FUNERAL director, page	23a.	BUR AL, CREMATION, 23b. DA	TE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 E		REMOVAL (Specify) Hurial Jan	17,1969 Church	n of God Cemeter	V Warfieldsburg	Maryland
VR A15	_	FUNERAL DIRECTOR		urnie, Md.   250. REC'I	D BY REGISTRAR 2Sb. REGISTRAR S	SIGNATURE
30M REV 1768	- 1	ingleton Funei	ar come aren a	DATUA	N 17 1969 gella	The state of the s



	1 1	Ιt	em 18 Film 409	DIVISION OF VITAL RECORDS, 3	I STATE DEPAKTMENT O	F MEALIM ALTIMORE MARYLAND 21201	
			30191		ERTIFICATE OF DEAT		33190
	eral god 2		CEASED-NAME First ype or print) G	Middle I ₀	lost Lower	2a. DATE OF DEATH  Manth 6 Day	1969 10:50M
	hours after d in by the funders. Pages 14.5 2 hours affer a		race female	4. RACE	S. DATE OF BIRTH	6 AGE (In years last birthday) YRS.	H UNDER 1 YEAR OF JINDER 24 HRS. MONTHS DAYS HOURS MIN
					MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH  Anne Ar r. ::	Md.
	th certificate be executed within 24 hours sign physician and completely filled in by then please remove carbon papers. Premoval, and in any event, within 72 hour		TY OR TOWN OF DEATH Glen Burnie	II NAME OF HOSP TAL OR INST give street oddress)	IT. ITION (If not in hornital 12a	USUAL OCCUPATION (Kind of work done or most of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
	e executed withing and completely fremove carbon nony event, with	130 adm				CITY LIM IS? 130. STREET AND NUMBER	
	J co mov		ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAI	THE STATE OF THE S	Lost
	ond ond in on		Basil	Johnson		(unknown)	
	certificate be g physician c fhen please moval, and ir		WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b SOCIAL SECURITY NO	). 17 INFORMANT	Address	
	hysi hysi	Y	es, no, ar unknown) (If yes give word	ordates al service)	660 Mr. Carl A	. Lower (husband)	Same As #13
	8 6 7 5		PART 1 DEATH WAS CAUSED B IMMEDIATE (Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	Failure s of liver		APPROXIMATE INTERVAL BETWEEN ONST AND ORATH
>	squires that the d physician. signed by the affi burial-transi per burial, cremation.		rise to immediate cause (a).  stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF  (c)  TIONS CONTRIBUTING TO DEATH BUT NO	DELATED TO THE PERMINAL DIVERSE	OB COMPITION CAREN IN PART 1(2)	
5,	requestion signatures of the properties of the p		PART Z UTBER SIGNIFICANT CONUI	VC	•	OKCONDITION GIVEN IN PART I(0)	
10	The low requires the aftending physician. has been signed by se os the burial-traith prior to burial, cre		19g. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PER		20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
0.7	PHYSICIAN: 1 e hospital or e hospital or his certificate stached for us Dept. of Mealth	MEDICAL CENTIFICATION	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M. 19	21c. HOW INJURY OCCURRED (	(Enter nature of injury in Part 1 or Port 2, I	tem 18.)
1	G PHYSICIAL the hospital this certifice detached for	ME	21d IN.JRY OCCURRED 21e PL. While Not while at work	ACE OF INJURY ( AT HOME FARM, STREET, FACTO OFFICE BUILDING, ETC.			County State
HIP	Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the mould be filed with the State Dept. of mealth prior to		220 I certify that (I) (this saw the acceased aliv couses stated above, (	hospitol) attended the decease re on19 (I) (we) (did) (did nat) view the b	from /2 >> , 69, and that in (my) (our) od after death.	19 <i>6£</i> , to <u>/-6-</u> , 19 <u>4</u> opinion death occurred an the do	te ond haur and fram the
2	L OR AT be reto DIRECTOR ge 3 sh iled with		22b. SIGNATURE	Mirlily los	DEGREE PHYS.	MED. STAFF 22c. C	DATE SIGNED
)	SPITAL 4 moy NERAL tor, po		22d. PHYSICIAN'S NAME (Type)	/		wood Rd. Glants	Buria Md.
	Page 10 Figure direct			. 10,1969 Glen H	METERY OR CREMATORY		
	VR A15	24.	21911 1111	Singleton 47699	Varvland Mig	CD BY REGISTRAR 256 PEGISTRARY	A Second



• 1	MAKTLAND STATE DEPAKT	
-	DIVISION OF VITAL RECORDS, 301 W. PRESTON ST CERTIFICATE OF	
funeral Tond 2 rest death.	DECEASED-NAME First Middle Lost (Type or print)	20 DATE OF DEATH 25 HOUR
death.	BUELAH NAUMI MANINC	M PEEL , E'O'DANUALL
3.	S. SEX 4. RACE S. DAFE OF E	SIRTH 6. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS HOURS MAIN MONTHS DAYS HOURS MIN
5	FEMALE WHITE APRIL	25, 1905 Past battaday) YRS. MONTHS DAYS HOURS MIN
70	O BIRTHPLACE (Stole or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MA	PRRIED 9. COUNTY OF DEATH
	MARYLAND U.S.Q. WIDOWED DIVO	RCED ANNE ARUNDEL MA
7	GLEN BURNIE    NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)   NORTH   ARUNDEL	120 USUAL OCCUPAT ON (Kind of work done 12b Kind of Business OR HOSPIA MACHINE UPERATOR HAT FACTOR
13	30 USUAL RESIDENCE (Where deceosed tived, if institution Residence before discount of the sign of the	TE NO BOX 207-A, ELVATON ROAD
14	4. FATHER'S NAME First Middle Lost IS MOTHER'S M	A-DEN NAME First M-ddle Lost
	JOHN C. WOOD	MARY E. MARTIN
	166. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) (1/214 03 0931 MRS. RD	Address SE NAPIER (sister) MILLERSVILLE.MD
wil will	18. CAUSE OF DEATH (Enter on y one couse per fine for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY:    H	The HOUSE DASE AND DEATH  AL DISEASE OR CONDITION GIVEN IN PART 1(0)
1	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTO YES	
ΔE	YES	-
- [3	GIF CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19	CURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
1	While Not while at work Detrict Building FTC	.,
	saw the deceased alive on	ry) (aur) opinion death occurred on the date and haur and from the
	226 S GNATURE ATTENDI	NG MED STAFF   220 DATE SIGNED 1/10/69
1	22d PHYSICIANS NAME (Type) Samuel Rubin, Fi.D. 22e ADI	RES 203 E. Patapsco Avenue  Baltimore, Md. 21225
23	30 BUR AL CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY	23d LOCAT ON (City or Town) (County) (State)
	BURIAN JAN. 13,1969 WOODS FAMILY CEME	TERY MILLERSVILLE RED MO.
0 2	SINGLETONAD SINGLETONA SINGLE	250 REC'D BY REGISTRARY 250 REGISTRARY SIGNATURE
	GLEN BURNIE, MARYLAND	DATE AN 13 1300



A.1	1	00	DIVISION	M. I OF VITAL RI	ARYLAND	STATE DET	ARTMEN	T OF H	HEALTH	DVIAND 2	1201			
FOR STATE		0010	) DIVISION			MINER'S C					1201	1.5	0192	
IEALTH DEPT.		ECEASED NAME Type or Print)	First		M-d			Last	DI DEM			lanth Da	ay Year	2b HOUR
oy is 3 to Page ent of	<u> </u>		Verno	-				ertin		DEAT	TH MATED .	1 5	169	SF M
3 3 3	3 \$	ex M	4. RACE W	9/11/2		6 AGE (In years	MONTHS S	DAYS	IF JNDER 24 HR HOURS M	AL VAI	e pronounced de	<sup>45</sup>	Year 1969	2d HOUR 1:10a
ラップ の		BIRTHPLACE (Stote	or foreign	76 CITIZEN OF WE		8 M	ARRIED K		RIED 7	COUNTY OF	DEATH Arundel			Md
item 18. Give Poges Mice along with foi Tand 2 with the State, after death		ity or town of		11. N		AL OR INSTITUTED North	IN (If not in	haspital	12a. USJA	L OCCUPATIO	N (Kind of work o		b KIND OF BUSI DUSTRY	NESS OR
If Item 18. Give Poges Ingright of the Form form form form and 2 with the Stote Deurs after death	13a	USUAL RESIDENT dmission) STATE	IE (Where deceas	ed 1 ved, if institution 13b COUNTY	ition Residence	e before 13c. CIT	y or town	ırnie	THISTOE CITY LIMITS		REET AND NUMBER  D Eleven			
Affice Lánd 2 after a	14 F	ATHER S NAME	First	Middle		Lost		IER S MAIDE		ust	Middle		Lost	
72.0			1							?				
9 S		WAS DECEASED EV es, na, ar unknaw <b>no</b>	ER IN U.S. ARMED F (If yes give	and the second	166 SOCIAL SE 218-01-		17. INFORM		Martir	280	ADDRESS	- Che	elses E	each
r ckur t. File in 72		18. CAUSE OF	DEATH (Enter onl	y one couse per l				1	,				APPROXIMATE GETWEEN ONSET	INTERVAL
should be forwarded to the Chief Medical Exaministiles. 3 should be used as a burial-transit permit. File pagation, or removal, and in any event within 72 ho		PART I. D	EATH WAS CAUSED IMMEDIA	) BY. ITE CAUSE (a)	Had	gpin	1 0	iole	wal				18 4F	5.
net Medical E. Insit permit. F event within		20/X		DUE TO, OR	AS A CONSEQU	JENCE OF							/	
rans			ny, which gave ) iate cause (a), (	(b)		IFNER OF								
buriol-transit I an any ever		stating the un last	derlying couse	DUE TO, OF	AS A CONSEQU	JENCE OF								
o buri		_	SIGNIFICANT COND	(c)	INC TO SEATE	DUT NOT DELATE	TO THE TEE	DIA NAL DIS	FACE OR COME	WINDS COURS	IN DARK 1/a)			
pup		PART 2, UINER :	DIGNERICANT COND	IIIONS CUNIKIBUI	ING TO DEATH	BUT NOT KEDNIEL	/ IO INE IE	rminal DIS	EASE OR COME	OFFICE GIVEN	IN PART I(0)			
removal	CERTIFICAT.ON	19a. DATE OF O	PERATION			ON FOR WHICH O	PERATION						20. AUTOPSY	7
	TIFIC				WAS PER	FORMED?							YES 🗀	NO)Z
,	MEDICAL CER	210. EXTERNAL ( PRIMARY ( ) OI CAUSE OF DEAT	R CONTRIBUTING [			Day, Year	21c. HOW I	NJURY OCCI	URRED (Enter I	nature of inju	ory in Part 1 or Pa	rt 2, Item	18.)	
buriol, cremotion,	ME	21d INJURY OCC WHILE IN AT WORK A		PLACE OF INJURY ( ctary, affice building		. street,	21f LOCATIO	N Street or	rR,F,D Na	Cr	ly or Tawn	(	Caunty	State
buriol, cren			certify that I to	ook charge of t	he remoins o	described obo	ve, held or	a Autap	sy 🖳	Inspection	Inqui	ry XV.	ond in m	y opinion
pa		death re	sulted from.	Notural cau	ses 🗷 ,	Accident [],	Surcide		Homicide [		letermined ma	nner [		•
DIRE			John States	1-1	21.			CHIEF	MEDICAL EXA	MINER				
prior		ACTUAL SIGNATURE —	(C)+	when	92		M	1.0/	TANT MEDICAL			DATE SIG	S-69	7
- Contract of the Contract of		EXAMINER'S NAME (Type)	E	Link	are di	7.			TY MED CAL EX (ESS(Street, city			/	4 A D'	
TO FUNE Health	23a	BURIAL, CREMAT	T ON, 23b	DATE		IAME OF CEMETER	Y OR CREMA	ATORY		23d LOCATIO	ON (C ty or Town)	(Cc	ounty) (Si	tate)
		Burial		L/8/69	Pi	ine Grov	e Bal	to.	0.	В	alto. Co	D. DIS SIG	1148101	
E [5] A	_	FUNERAL DIRECT	or henoweth	.Tr. 24					250. REC D BY	REGISTRAR	25b. REGIS	KAKS SIGI	NATURE LA COMPA	٧.
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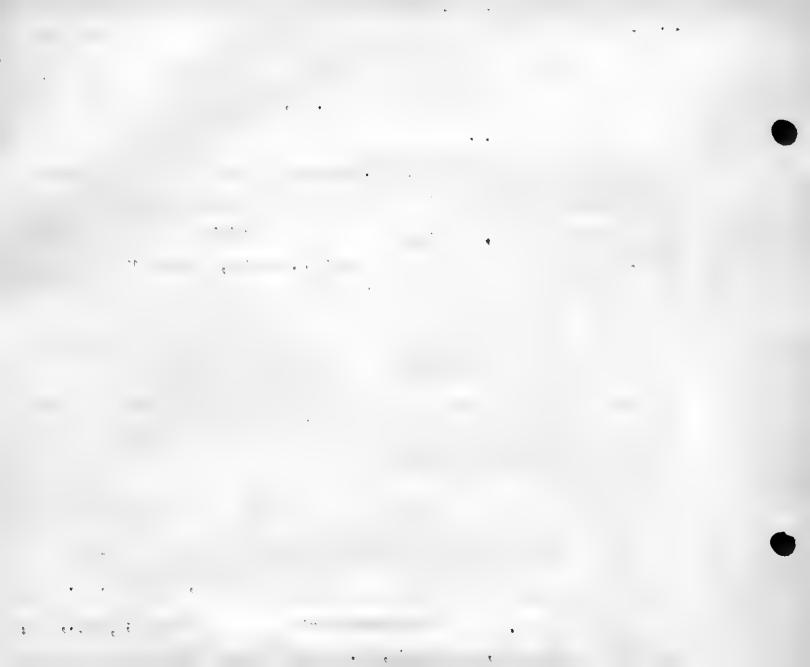
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20195 00194 CERTIFICATE OF DEATH DECEASED NAME Middle 20. DATE OF DEATH Lost 2b. HOUR kompletely filled in by the funeral are carbon papers. Pages 1 and 2 event, within 72 hoors after death. ecuted within 24 haurs after death. (Type or print) Month 3. SEX 4. RACE IF JINDER I YEAR DATE OF 6 AGE (In years MONTHS DAYS HOURS lost birthdoy) 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT 8. MARRIED [ NEVER MARRIED [ the attending physician angreement carban papers. country) DIVORCED WIDOWED IN 1 27 71 1 11 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY 130 USUAL/RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY JUMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES [ NO K buriof, cremation, ar removal, and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost Lost þe 11/11 physician 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Address requires that the death certificant Yes, no. or unknown) (If yes give war or dates of service)" Sand APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART : DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) signed by the buriol-transit p Conditions, if ony, which gove ) rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Mg) Page 4 may be retained by the haspital ar attending has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO X O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING | CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. Stote County While Not while at work \_, and that in (my) (our) opinion death acturred on the date and hour and from the 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22d. PHYS-CIAN'S 22e ADDRESS LOPHIAN. CHARLES NAME (Type) MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 230 BUNHAL, CREMATION. 23b DATE 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 24 FUNERAL DIRECTOR VR A15 [4] 30M REV 1/68



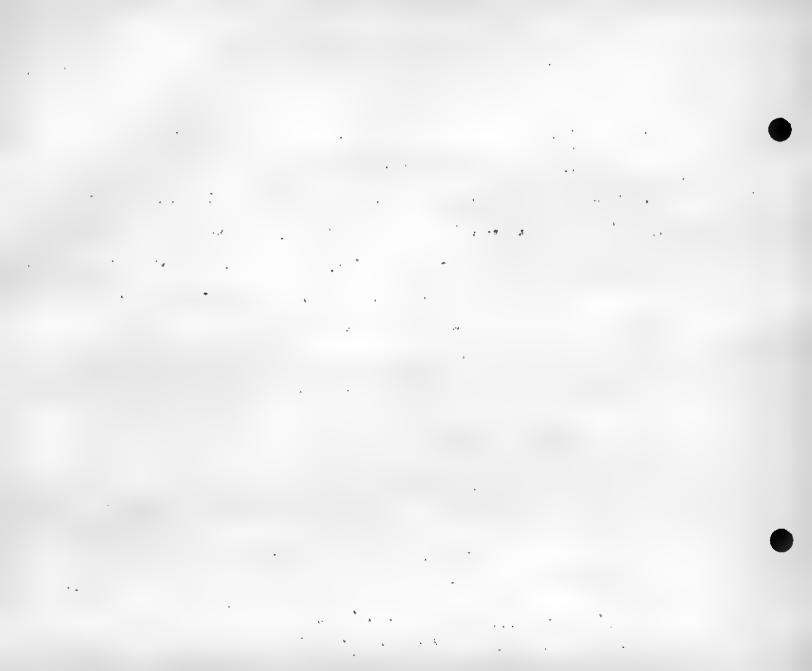
1	1	MARYLAND STATE DEPARTMENT OF HEALTH  STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. [	
		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Year 26 HOUR Type or Print)  OF ESTI- DEATH MATED   1 F 1969 PM
Poge	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years I F UNDER 1 YEAR I IF UNDER 24 HPS 2c DATE PRONOUNCED DEAD 2d HOUR
2, and 3 PM3. Po		M 12/7/26 42 YRS MONTHS DOY /8 YEOT 1969 PM
	7o	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
cath ages l		(IKGINIO U-)-14. WIDOWED DIVORCED FINE FRUNCEL CO Md.
offer death 8. Give Pages 1, along with farm with the State De leath.	10	TO OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  during most of working to, even if retired)  INDUSTRY  INDUSTRY
Sive P	1/130	USUAL RESIDENCE (Where deceosed . ved.   Institut on Residence before 13c (FTY OR TOWN   13d INSIDE CITY LIMITS?   13e. STREET AND NUMBER
		dir ssion) Statinger / ANC 13b. COUNTY A.A. CO. Pastedina YES NO B mt. Land & wilks Lane
haurs Item Office	14.	ATHER S-NAME First Middle Lost IS, MOTHER S-MAIDEN NAME First Middle Lost
24 h 24 h 3 0 s 5 0 s 5 of s	L	Robert J. MCANTHY MAKY C. STUAKT
INER: This certificate should be executed within 24 haurs e certificate, writing the ward "pending" in pencil in Item. I should be farwarded to the Chief Medical Examiner's Office files.  3 should be used as a burial-transit mermit file pages lank?		WAS DECEASED EVER IN U.S. ARMED FORCES?  65. no. or unknown) (If yes give was or dates of service) 578-28-8853 MAKLI C. MCCAKTIY- (MOTHE)
l with n per Exam Exam File		ADDROV MATE INTO ALL
be executed wit "pending" in pe hief Medical Exar ansit Mermit File event within 72		PART I DEATH WAS CAUSED BY:
be executed "pending" ief Medical isf medical nsit permit		DUE TO ORACA CONSEQUENCE OF
per per ief / ief /		Conditions, if ony, which gove
The Cart		rise to immediate couse (a). (b)
should be ea ward "pe a the Chief burial-transit in any even		lost. (c)
This certificate should total, writing the ward be farwarded to the Child be used as a burial-train remanal, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
tifica iting ardec d as d as	S	DA DATE OF OPPORTOR AND
certii arwai used mava	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  20. AUTOPSY?  WAS PERFORMED?
This fitate I be for a re	FRI	YES NO. 2.  210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2 Item 18.)
INER: T e certific shauld b files. 3 should ation, ar	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  P.M. 19
	WED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County State
DICAL EXAMINER: This lease execute the certificate, director. Page 4 shaula be for stained far your files.  DIRECTOR: Page 3 should be to ta burnal, cremation, ar representation.		WHILE NOT WHILE of foctory, office building, etc.)
NL Execution Page for for Ind.		22a. I certify that I took charge of the remajor described above, held an Autapsy 🔲, Inspection 😭, Inquiry 🖃, and in my opinion
Bed by		death resulted from Natural causes , Accident , Suicide Homicide , Undetermined manner
please I directa retaine DIREC		ACTUAL CHIEF MEDICAL EXAMINER
ry,	)	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER
o DEPUTY DICAL E		NAME (Type)  E. L. W. A. R. C. ADDRESS(Street, city, town, or county)  ADDRESS(Street, city, town, or county)
TO II	230	BURIAL, CREMATION, 235 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote)
(	4	2 EMONAPOSPECTY) 1/22/1969 MendouridoeMonoialk. Elkridge md.
	24.	FUNERAL DIRECTOR See SIGNATURE ADDRESS 250 REC D BY REGISTRAR 256 REGISTRAR SIGNATURE
VR A15ME (5) 10M REV 1/68	يا	ling le fon Farnar Al Home - Clar Barrie My BATE JAN 2 3 1968 A Land of



,	1			D STATE DEPARTMENT OF HI		
		0019.		301 W. PRESTON STREET, BALTIN CERTIFICATE OF DEATH	MURE, MARTLAND 21201	J0196
death. ineral ond 2 death.		CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR A
funeral ond 2 fer death.	-{1	Ype or print) Virgie	Lee	McGUIRE	January 2 Doy	1969 4:00 M
Ter	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	_	Female	White	Oct. 31, 1926	last hurthday) YRS.	MONTHS DAYS HOURS MIN
	70 l	IRTHPLACE (State or Foreign 7)	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9	COUNTY OF DEATH	
		Mary Land	U.S.	WIDOWED DIVORCED	Anne Arundel	Md
.3	IIV (	ITY OR TOWN OF DEATH Annapolis	g ve street oddress)	Gen. Hospital	OCCUPATION (Kind of work done to working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY Own Home
	130	USJA. RESIDENCE (Where deceased	lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIM	13e STREET AND NUMBER	OWN HOME
j	odm	ssion) STATE Maryland	Anne Arundel	Baltimore YES NO		rive
1		ATHER S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME FITS	st Middle	Lost
1		John	D. Simmor	Vir	ginia	Horner
		WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b SOCIAL SECURITY I	NO. 17. INFORMANT	Address	
		es, no, or unknown) (If yes give word	Legites of service)	David J. McGui	re. same as 13	
		18 CAUSE OF DEATH (Enter only	one couse per line Joy (o), (pl) and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I, DEATH WAS CAUSED B	CAUSE (O) STalur	as the milie	uc_	30
*			DUP TO OR AS-A CONSEQUENCE OF	/		N A
		Conditions, if ony, which gove	CY (b) / Sinch	C. Marillan	nik	1 / 6,16
		rise to immediate couse (a), ( stating the underlying couse)	DUE TO, OR AS A CONSEQUENCE OF	1 /2	1-	1 1
		lost	TO MANNE	van ofthe	religi	offer by
		PART 2. OTHER SIGNAFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(c)	
	8	ahl	uman			
į	CERTIFICATION	190. DATE OF OPERATION 196. COI	NDITION FOR WHICELOPERATION WAS PE	and the same of th	206. IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING
1	RTIF			YES NO		
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	121b. TIME OF INJURY HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter a	noture of injury in Port 1 or Port 2, 1	tem 18.)
	MEDICAL	(If either, notify medical examiner)	) P.M. 19			
		21d INJURY OCCURRED 21e PL	ACE OF INJURY ( AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC	TORY.) 23f LOCATION Street or R.F.D No.	City or Town	County State
		22a I certify that (I) (this	hospital) attended the decease	ed from 12 - 3/, 19C	1, 10 / - 2, 19	, that (i) (we) last
		saw the deceased alive	e on	9, and that in (my) (our) opin	ian death occurred an the da	te and havr and from the
		22b/SIGNATURE	i) (west (aid) (aid not) view tile i	body offer deoffi.	29.	DATE SIGNED
		Marl 10	Iffrelle 7	DEGREE PHYS DIR	D STAFF D 220	2 / C
		22d. Physician's		220 ADDRESS		O) G /
1		NAME (Type) /= 1	SHOKELEY	121 Cathedr	al St., Annapoli	s, Md.
	230	BUR A. CREMATION, 23b DAT	E 23c NAME OF		23d LOCATION (City of Town)	(County) (Stote)
		REMOVAL (Specify)		Haven Memorial	Galainover	
	24	FUNERAL DIRECTOR	ADDRESS	25g REG D BY	REGISTRAR 2584 COLEAN	GNION
		Kirkley Funeral	Home, Glen Burni	e. Md.	1363	00



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2  CERTIFICATE OF DEATH	
	00197
I DECEASED NAME First Middle Lost 20 DATE OF DEATH	2b. HOUR
DECEASED NAME (Type or print)   Catherine   Mrddle   Lost   McMillian   Month	16 69 1:40pt
3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (in last burthout	egrs IF JNOER I YEAR F JNOER 24 HRS
Female Negro 1879	YRS. MONTHS DAYS HOURS MIN
70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
South Carolina US WIDOWED & DIVORCED Anne Arunde	4710
South Carolina  US  WIDOWED  DIVORCED  Anne Arunde  ID CITY OR TOWN OF DEATH  Crownsville  Crownsville  US  South Carolina  US  WIDOWED  DIVORCED  Anne Arunde  ID CITY OR TOWN OF DEATH  Crownsville  Crownsville  Crownsville  US  State Hospital  Crownsville  State Hospital  Crownsville  Maryland  Maryland  Maryland  Maddle  Lost  IS MOTHER'S MAIPEN NAME First  Middle  Lost  IS MOTHER'S MAIPEN NAME First  MIDDLE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (a). Storing the underlying cause  (b) Hemorrhagic cystitis  DUE TO, OR AS A CONSEQUENCE OF  Lost  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART INC.	rk dane 12b, KIND OF BUSINESS OR INDUSTRY
The city of lown of Death  The Name of Hospital Color in the Indian hospital  The Crownsville State Hospital  The Crownsville	etired.) INDUSTRY
130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NU VICE FOR AND STATE	MBER
demission) STATE Maryland Palto Baltimore YES NO 3407 Home	
S 4 14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First	Addle DA Last
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	Miller
Yes, no, or dnknown) (If yes give was ardoles at service)	ddress
no none Hospital Records, Crownsvi	APPROXIMATE INTERVAL
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	BETWEEN ONSET AND DEATH
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DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave)  Hemorrhagic cystitis	
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160	)
F.S. V.D. & Extaeme has nutaition	7
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. 15 YES, WERE F CAUSES OF DEATH?  21a ACCIDENT WAS UNDERLYING 121b TIME OF INIURY 121c HOW INIURY OCCURRED (Fother pothers of injury up Port 1 c	NDINGS CONSIDERED IN CERTIFYING
YES SHO CAUSES OF DEATH?	
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 c	r Part 2, Item 18.)
5 To S (If either, natify medical examiner)   P.M. 19	
21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
While Nat while at work at work	1060 11 111 111
I 1770 I contitue that (I) (this bosoital) attended the deceased from 177157 10 59 to 1716	the date and have and from the
sow the deceased give on 1/10/ 19 09 and that in (my) (our loninion double occurred o	
220. I certify that (I) (this hospital) attended, the deceased from 12/15/, 1959, to 1/16 sow the deceased above on 1/16/1902, and that in (my) (our) opinion death occurred or causes stated above, (I) (wg) (did) (did not) view the body after death.	i me dale and habi and from me
sow the deceased olive on 1/16/ 19 62, and that in (my) (our) opinion death occurred of causes stated abave, (I) (we) (did) (did not) view the body after death.	22c. DATE SIGNED
sow the deceased olive on 1/16/ 19 69, and that in (my) (our) opinion death occurred of causes stated abave, (I) (we) (did) (did not) view the body after death.  22b. SIGNATURE  22b. SIGNATURE  OEGREE PHYS  DEGREE PHYS  OEGREE PHYS  OEGREE PHYS  OFFICE OF PHYS.	
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Causes stated abave, (I) (we) (did) (did not) view the body after death.  22b. SIGNATURE  DEGREE PHYS.  22d. PHYSICIAN'S NAME (Type)  PHYS.  DEGREE PHYS.  Crownsville State Hosp  23d. BURIAL (REMAIJON, 23b. DATE 23c. NAME (Type)  PHYS. CRAMATION 23d. LOCATION (Chin. At Tope)  23d. BURIAL (REMAIJON, 23b. DATE 23c. NAME (Type)  PHYS. CRAMATION 23d. LOCATION (Chin. At Tope)	ital, Maryland
Causes stated abave, (I) (we) (did) (did not) view the body after death.  22b. SIGNATURE  DEGREE ATTENDING MED DIRECTOR DIRECTOR PHYS. C  22d. PHYSICIAN'S NAME (Type) Plor to Jana Wills Crownsville State Hosp  23a BURIAL (REMATION, 23b DATE 23c NAME) TEMETRY OR TREMATORY 23d LOCATION (div. of To DEGREE PHYS) C  REMAYAL (Specify) CANADA (Specify	ital, Maryland



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	10	PBIII 2.  CITY OR TOWN OF DEATH	U.S.A.		WIDOWED DIVORO	LED LISTIAL O	A.A. Glen Burni CCUPATION (Kind of work done	
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camplest camplest nove cany y event,	odm	ission) STATE Md	13b. COUNTY	A.A.	Glen Burni	YES NO	P-0. Box24	
and cam	14.	FATHER S NAME First	Middle	Lost	IS. MOTHER'S MA		Middle	Lost
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ne death ce attending   permit. The		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	only one couse per fir	ne for (o), (b), and (c))	10,-	- 0	· La Per	BETWEEN ONSET AND DEATH
a death attendi permit. Ian, ar r		10HO IMMED	DIATE CAUSE (o)	GAT	ven	acua	in fareine	aren
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s that t cian. d by the transit		nse to immediate couse (a), stating the underlying couse	(b)	AS A CONSEQUENCE OF	, , , , , , ,	2700	way van	7
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IAN ficat for for for for		OR CONTRIBUTING CAUSE OF DE	ATR HOUR A.M	Month Doy Year	210. HOW HOURT OCCU	SKKED (Eiligt 110)	ture of injury in Fort 1 of Fort 2, 1	10.)
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ATTO Stain The s	П	22b. SIGNATURE	ve, (1) (we)(did)	(digital) view life b	0		22c	DAYÉ SIGNED/
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leath.	1 DI	(EASED NAME Pansy Violet Merryman 20. DATE OF DEATH 8 Day 69reor 12:40
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4 hours	70.	U.S.A.    A.A.Co.
d within 24 steely filled in carban paper	G.	ITY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital  Ity OR TOWN OF DEATH  III NAME OF HOSPITAL OR INSTITUTION (If not in hospital  Ity OR TOWN OF DEATH  III NAME OF HOSPITAL OR INSTITUTION (If not in hospital  Ity OR TOWN OF DEATH  III NAME OF HOSPITAL OR INSTITUTION (If not in hospital  Ity OR TOWN OF DEATH  III NAME OF HOSPITAL OR INSTITUTION (If not in hospital  Ity OR TOWN OF DEATH  III NAME OF HOSPITAL OR INSTITUTION (If not in hospital  Ity OR TOWN OF DEATH  III NAME OF HOSPITAL OR INSTITUTION (If not in hospital  Ity OR TOWN OF DEATH  III NAME OF HOSPITAL OR INSTITUTION (If not in hospital  III NAME OF HOSPITAL OR INSTITUTION (IF not in
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physician physician nen please aval, and i		WAS DECEASED EVER IN U.S. ARMED FORCES?  BS. 00. OFLINEDOWN) (It yas give more or do to so a service)  16b. SOCIAL SECURITY NO  WAS DECEASED EVER IN U.S. ARMED FORCES?  BS. 00. OFLINEDOWN) (It yas give more or do to so a service)  16b. SOCIAL SECURITY NO  WAS DECEASED EVER IN U.S. ARMED FORCES?  Address P. IT E S VILL E 8 M.  WAS DECEASED EVER IN U.S. ARMED FORCES?
e death c attending bermit. Th		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF;  APPROXIMATE INTRIVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTRIVAL BETWEEN ONSET AND DEATH
equires that the physician. sigmed by the burial-transit purial, crematic		Conditions, if ony, which gove (b).  Inse to immediate cause (o).  Stating the underlying cause (c).  (c)
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PHYSI he hasp this cer detache e Dept.	ME	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.  21f. LOCATION Street or R.F.D. No. City or Town County Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta		22a. I certify that (!) (this haspital) attended the deceased from 10-21-1969, to 1-8-, 1969, that (!) (we) lass saw the deceased alive an 1969, and that in (my) (our) apinion death accurred an the date and haur and from the causes stated above, (!) (we) (did) (did not) view the bady after death.
OR JRE		226 SIGNATURE  O DO LOS DEGREE PHYS MED DIRECTOR
TO HOSPITAL Page 4 may k TO FUNERAL D directar, page shauld be file		22d PHYSICIAN'S NAME (Type) Cenap S. Dorkan M.D. 22e. ADDRESS Hos putal Drive, G. Burnie, K
TO HOSPI Page 4 r TO FUNER director, shauld b	230	BUTYAL CREMATION 23b DATE  BENDOVAL (Specify)  AND 1965 ATT SELECT STREET OF CREMATORY  MILEAU PROCESS  AND RECTOR REGISTRAR 25b REGISTRAR'S SIGNATURE  AND RECTOR REGISTRAR 25b REGISTRAR'S SIGNATURE
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December	. 11	0021 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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The property of the property o	20 20 20	70. BIRTHPLACE (State or foreign 76 CHT.ZEN OF WHAT COUNTRY? 8. MARRIED TO MENTER MARRIED TO DEATH
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County   C	n a se din din	TJOSEPH KAIRDEN LANDEN LANTAV
County   C	hficate hysic'a n plea ral, an	Yes not or unknown) (If yes give war or dates of service)
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County   C	de utter	4/09 DIE TO OR AS A CONSCIUENCE OF
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County   C	lav endi be ibe rior	190 DATE OF OPERAT ON 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
County   C	Se	YES NO K CAUSES OF DEATH?
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VR ATS V4) 24 FUNERAL DIRECTOR ( ) ADDRESS 250 JEG BY REGISTRAR'S 5 GNATURE	Dital Dital Dital Dital	GROWERSUTING CAUSE OF DEATH HOUR A.M. Month Day Year [1] [If either, notify medical examiner] P.M. 19
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VR ATS V4) 24 FUNERAL DIRECTOR ( ) ADDRESS 250 JEG BY REGISTRAR'S 5 GNATURE	this the De	**************************************
VR ATS V4) 24 FUNERAL DIRECTOR ( ) ADDRESS 250 JEG BY REGISTRAR'S 5 GNATURE	by the contract	22a. I certify that (1) (this haspital) attended the deceased from JUNE, 1959, to 13 MM, 1969, that (1) (we) la
VR ATS V4) 24 FUNERAL DIRECTOR ( ) ADDRESS 250 JEG BY REGISTRAR'S 5 GNATURE	END ed led led led led led led led led led	saw the deceased alive an 13 160 and that in this value applicant death accurred on the date and have and from the
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VR ATS V4) 24 FUNERAL DIRECTOR ( ) ADDRESS 250 JEG BY REGISTRAR'S 5 GNATURE	UNE 4	23g BURIAL (REMATON 23b. DATE / 23c. NAME OF CEMETERY OR (REMATORY 23d. IOCATON (Gity or Joyn) (Caunty) (State)
VR ATS V4) 24 FUNERAL DIRECTOR ( ) ADDRESS 250 JEG BY REGISTRAR'S 5 GNATURE	0 g 0 = 4 g	REMOVAL (Specify)
VR ABANA DI 1969 VC Commanda O Co		24 FUNERAL DIRECTOR SON REGISTRAR'S SCHATURE
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/ 11	MARYLAND STATE DEPARTMENT OF HEALTH  Takeniy for Delvital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
TATE F	irth Certificate of DEATH  1020  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  10201	
DEPT.	DECEASED NAME FIST Modile Lost 20. DATE KNOWN Month Doy	Yeor 2b HOUR
ment of	(Type or Print) Eugene Mitchell OF ESTI DEATH MATED 1 22	184 AM
3	SEX 4. RACE S DATELOG BIRTH 6 AGE (1) YEAR IF UNDER YEAR IF UNDER YEAR 20-DATE PRONOUNCED DEAD	2d HOUR
	- VRS / D	1967 PM
	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH  DESTRY  U. S. A WIDOWED DIVORCED AREA MEURICAL COUNTRY?	e) Md
10	H. A. Co. IN NAME OF HOSPITAL OR INSTITUTION (If not in hospital like the hospital during mostpof working life even if retired) INDUSTRY	OF BUSINESS OR
1:	odmission) STATE Id 13b/COUNTY A.A.C. Annapolis YES NO DE FRANKLIN & G.h.	SON Rd.
14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
	Eugene Mitchell Mary E. WA	LHER
Ιć	o WAS DECEASED EVER IN U.S. ARMID FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)  16b SOCIAL SECURITY NO 17 INFORMANT  Light Service  17 INFORMANT  Light Service  18 Eugene  18	AUC
F	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))	PROXIMATE INTERVAL TEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Create Upper Regulatory July lavi	-
	DUE TO, OR AS A CONSEQUENCE OF	2200
	(b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	
П	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CEDITICICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. I	AUTOPSY?
DYICH	WAS PERFORMED?	YES 🗌 NO 🔀
MEDICAL CE	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, them 18.) PRIMARY OR CONTRIBUTING P.M. 19	
845	21d INJURY OCCURRED   21e PLACE OF INJURY (At home, form, street, with at work   AT wo	Stote
ı	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection 🔀, Inquiry 🔀, and	d in my opinion
П	death resulted from: Natural causes A., Accident ., Suicide ., Homicide ., Undetermined manner .	
L	ACTUAL CHIEF MEDICAL EXAMINER CONTROL OF THE SECRET	
	SIGNATURE ASSISTANT MEDICAL EXAMINER 1. 22 OF	59
	EXAMINER'S NAME (Type)  E. Linkere 4.  ADDRESS(Street, cty, town or county)  AP MC	
2	30 BURIA. (REMATION 230 DATE 230 NAME OF CEMETERY OR CREMATORY 230 TOCATION (City or Town) (County)  REMOVAL (Spenify) 1/27/69 Balto. Nat'L. Con. Baltimure.	(State)
1	ADDRESS / 250, RECD BY REGISTRAR 256 REGISTRAR S SIGNATURE	
1/	longton & Dycht f. fl. 1901 LAURENS ST. DATE 12 1969 former for	where



1-0 -0 -	8	MARYLAND STATE DEPARTMENT OF HEALTH	
# -1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00202
1	L	CERTIFICATE OF DEATH	00202
94.		FECEASED-NAME First Middle Last 20 DATE OF DEATH Type or print)	2b HOUR
dec		EVWARD FRANCIS IONAGHAN JAMUBRY 29	Day 1969 735 pm
fer for for free	3. S	A RACE S DATE OF BIRTH 6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
S of the state of	L	57 YR	
hours ofter death.  by the funeral rs, Pages I and 2 thours after death.	70. cau	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARR ED NEVER MARR ED 9. COUNTY OF DEATH	
7 Se g 68		Penna USH WHOWED DIVORCED Home Arundel	Ca Md
within 72	10	HRAIL OF HOSPITAL OR INSTITUTE ON (It not in hospito 12a. SSUAL OCCUPATION (Kind of work domesting life, even if refired	INDUSTRY.
	13a	HEIMI OLE DENICE (MILL)	STATE of Md
nd complement on secured to ony ever	odm	ASSIGN) STATE MARYLAND 136 COUNTY Anne Arondel Braild YES NOVE RT2 PO	Box 358
and in on	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
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hys n p		(es, na, arright grant)   (1 ves give war or dates of serving)   (1 ves give war or dates of ser	ed MARYland
ne death cer attending p permit. The	Г	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	AFPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath mit.		PART I. DEATH WAS CAUSED BY ASCITES + EDEMA	4wK
ne death aftendi permit.		7/O DUE TO, OR AS A CONSEQUENCE OF	
the the sit g		Canditians, if any, which gave inse to immediate cause (a). (b) Cirrhosis of Liver	one year
The low requires that to attending physicion. has been signed by the se os the burial-transit h prior to burial, cremo!		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF AICOHOLIS M	Verrs
equire physic signec burial		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
v re ing en to he t	=		
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The off		YES NO CAUSES OF DEATH?	
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SICI split ertifi ed 1	MEDICAL	(If either, notify medical examiner) PM 19	
OR ATTENDING PHYSICIAN: be retoined by the hospital or DIRECTOR: After this certificate ge 3 should be detoched for used with the State Dept. of Health	~	21d IN.JRY OCCURRED While Not while at work 2 le. PLACE OF INJURY (AT HOME EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
ING by the frer be d		220. I certify that (1) (this haspital) attended the deceased from JAnuary 18, 1969, to Jan 12,	19 69 , that (I) (w) last
TEND ined I OR: At ould I		22a. I certify that (I) (this haspital) attended the deceased from January 18, 1969, to January, saw the deceased alive on 12, 1969, and that in (my) (ass) opinion death occurred on the causes stated obave, (I) (ass) view the body after death.	date and hour and from the
OR A1 be reto DIRECT She 3 sh		22b SIGNATURE ATTENDING MED STAFF 7	C DATE SIGNED
V be y be gode		22d PHYSICIANS 22e ADDRESS	4- January 1969
SPIT/ 4 md IERAI or, P		NAME (Type) T. C. CYLLIS MD HARD Professional Buildit.	& SevenA PARR
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retoined by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to	230,	BURIAL (REMATION 23b DATE 23c BASE OF CEMETER*OR (REMATORY 23d LOCATION (City or Town)	(County) (State)
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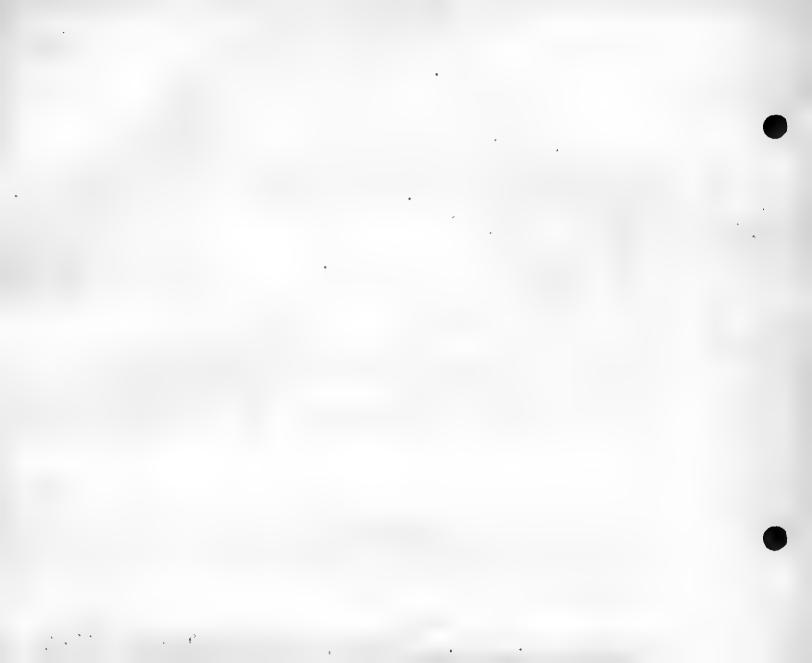
2/ 1		3020 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
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within 24 hours after deoth sly filled in Dy the funeral bon proges 1 and 2 within 22 hours after deoth		FEMALE COLONED FEB 15-1427 (ast brillyday) VRS. MONTHS DAYS HOURS MIN
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	.53	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitoly dubing most of working life, even if retired.)  120 USUAL OCCUPATION (Kind of work done dubing most of working life, even if retired.)  120 USUAL OCCUPATION (Kind of work done dubing most of working life, even if retired.)  120 USUAL OCCUPATION (Kind of work done dubing most of working life, even if retired.)
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ertificate be physicion c pen pleose ovol, and is	160	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  DAVID MOONE RELIGIOUS CLEEN BURNIS  APPROXIMATE INTERVAL
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PHYSICIAN: The e hospitol or at nis certificate ho interest for use Dept. of Health.	MEDICAL CE	210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)    Concontributing   Cause of Death   HOUR A.M. Month Doy Year   19   19
S PHYSIC the hospi this cert detached	\$	21d INJURY OCCURRED While Not while of work 121e. PLACE OF INJURY (AT HOME, FACTORY.) 21f LOCATION Street or R.F.D. No. City of Town County Stote
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retoined by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Heali		22a. I certify that (I) (this-hospital) ottended the deceosed from 1967, 1968, 10 (1) (we) lost saw the deceased alive an 1967, and that in (my) (ever) opinion death occurred an the date and hour and from the couses stated obove, (I) (we) (did not) view the body ofter death.
D HOSPITAL OR ATTEN Page 4 may be retoined 5 FUNERAL DIRECTOR: 4 director, page 3 should should be filed with the		22b. SIGNATURE R. M. M. Fasseyhlen, M. Degree PHYS DIRECTOR D STAFF DIVISOR 1/14/69
O HOSPITAL Page 4 moy O FUNERAL I director, pog should be fil		22d. PHYSICIAN'S NAME (Type) R.M. Mc Laughlin, M.D. 22e. ADDRESS Pasadeura, Med. 21122
TO HOO Page TO FUN direct shoul	250	BLRIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH



	L	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
7		80206 CERTIFICATE OF DEATH	
± -2±		ECEASED-NAME First Middle Lost 2a DATE OF DEATH 2b H	OUP
r death. uneral and 2	L	Charles G. Morningstar, Sr. 1 19 69 7:	30M
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with with the state of the stat	120	Glen Burnie   give street address)   during most at warring life, even if retiled   INDUSTRY    USLAL RESIDENCE (Where deceased lived, if institution, Residence before   13c. CITY OR TOWN   13d. INSIDE CITY JIMJIS?   13e. STREET AND NUMBER	
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	[ /	Thanles P. Morningstar Rosenia Bishop	
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eath endii art.		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Jan 100 PM Can Dear Dear Dear Dear Dear Dear Dear Dear	
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the ded		causes stated above, (I) (we) (did) (did nat) view the bady after death	nine
A SE CHA		226 SIGNATURE 27 ATTENDING ATTENDING MED. STAFF 22C. DATE SIGNED	
OR be 3 ed 7		Jan 100 100 100 DEGREE PHYS DIRECTOR PHYS. 1 1-19-57	
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Page 4 may be retained by the haspital or attending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept of Health priar to burial, cre	-	ATTAK 1: UTEKITY DED TOUTHAT PRIVE	=
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MAKTLAND STATE DEPARTMENT OF MEALTH

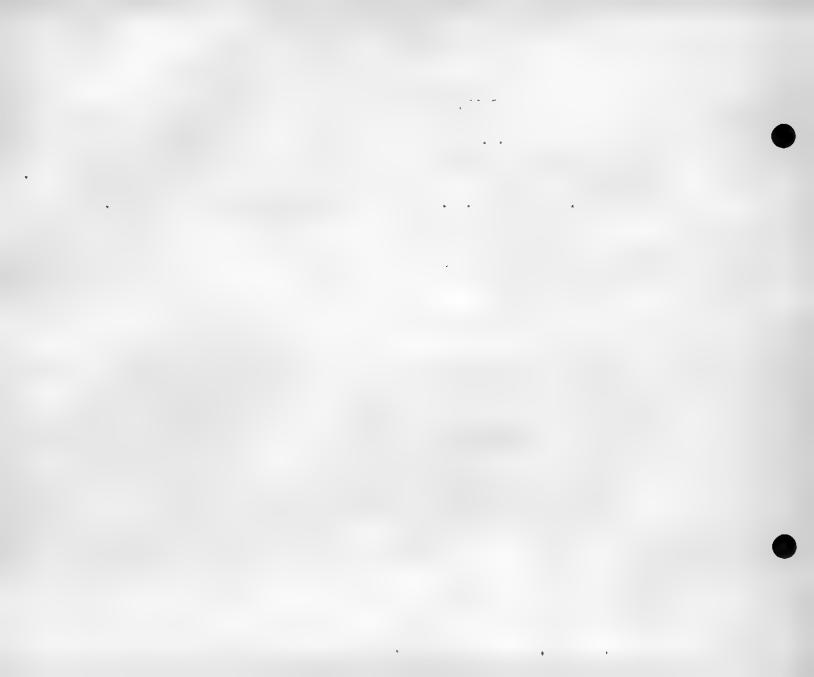


		00200		301 W. PRESTON STREET, BALT! ERTIFICATE OF DEATH	IMORE, MARYLAND 21201	00205
Ì		CEASED-NAME First ype or print)	Middle	Lost	2a DATE OF DEATH	Day Year 2b. HOUR
1		Baby G		Naumann	1	4 69 1:10
١	3 SE	Female	4 RACE White	S. DATE OF BIRTH  Jan. 3, 19	6. AGE (In years last birthday)	IF UNDER YEAR OF UNDER 24 HRS MONTHS DAYS HOURS - NUL.
١	70. B coun	IRTHPLACE (Stote or foreign try)Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED   NEVER MARRIED   X   WIDOWED   DIVORCED	9. COUNTY OF DEATH Anne Arundel	M
		or town of DEATH Glen Burnie	give street oddress) N.	Arundel Hosp. during mo	AL OCCUPATION (Kind of work dan ost of warking life, even if retired TTE	e 12b. KIND OF BUSINESS OR INDUSTRY
	130 odmi	USUAL RESIDENCE (Where deceose ss on) STATE Maryland	id lived, if institution, Residence befare 13b COUNTY ADDE ATLINGE	13c. CITY OR TOWN 13a HISIDE CITY II  Glen Burnie YES NO	13e STREET AND NUMBER 112 Olan Dr	(Ferndale)
	14, F	ATHER'S NAME First Howard	Middle Herol	d. Is mothers maiden name f. Marjo	orie Middle J.	Naumann
	16a. Ye	WAS DECEASED EVER IN U.S. ARM as, no, or unknown) (II yes awe we	ED FORCES? 16b. SOCIAL SECURITY N		Address ann (grandfathe	r) Same As #1
		PART I. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUENCE OF	moderity 1	Buth let Ill 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT NO	O months of related to the terminal disease orc	programcy CONDITION GIVEN IN PART (%)	
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I	DICAL	210. ACCIDENT WAS UNDERLYING or contribut ng cause of Death (If either, natify medical examin-	HOUR A.M. Manth Doy Yeor er) P.M. 19			2, Item 18.)
l		21d INJURY OCCURRED 21e. I While Not white at wark	PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING ETC	10RY.) 21f LOCATION Street or R F D No		County Stote
		sow the deceased all causes stated above,	s haspital) attended the decease ive on 3 l (1) (we) (did) (did not) view the l	9.4.5. and that in (mv) (our) ani	nion death occurred an the	
		226 SIGNATURE Ollay 4, C	Voline In Q	DEGREE PHYS LL D	MED. STAFF 21	2c. DATE SIGNED
		22d. PHYSICIAN S NAME (Type) ALLAA		4, D 22e ADDRESS 3 20 HS.F		BURNIE, Hd.
l		BURIAL, CREMATION 23b. D REMOVAL (Specify) RUTIEL A	. 6/69 Glen H	CEMETERY OR CREMATORY  AVED Memorial Par	23d LOCATION (City or Town)  k Glen Burnie Y REGISTRAR 25b. REGISTRA	(County) (State)  Maryland
	24	FUNERAL DIRECTOR	ADDRESS Home Glen Au		Y REGISTRAR 25b. REGISTRA	

MARYLAND STATE DEPARTMENT OF HEALTH



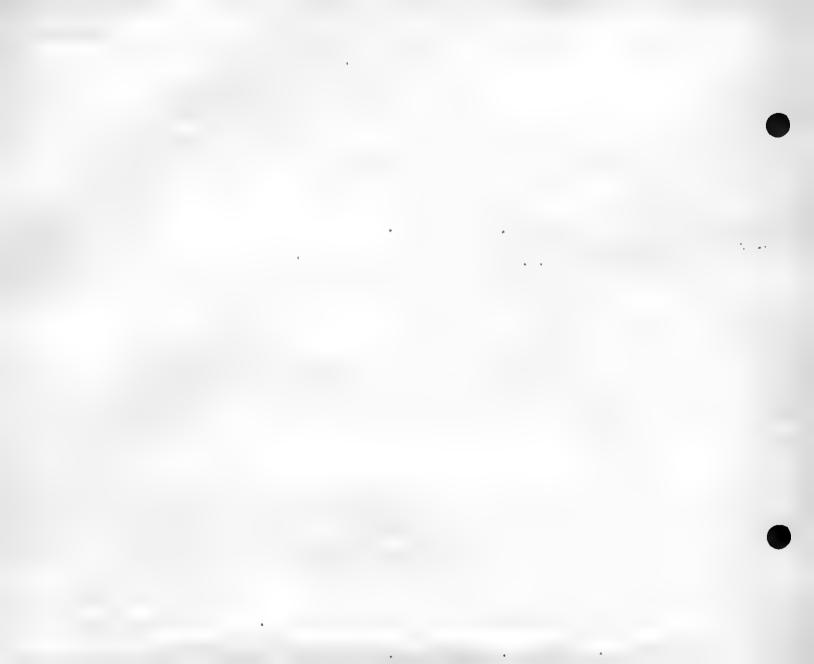
-1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00206
FOR STATE	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		Tunn at Drinth .	Doy Yeor 2b HOUR
to to to to to		STANCHE WEIDER DEATH MATED	5 48 />M
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offer 8 Gra olong with deoth.	130	JSUAL RES DENCE (Where deceosed lived, if institution Residence before 13c. City OR TOWN 13d MSIDE CITY JIM 157 13e STREET AND NUMBER 13b COUNTY 13b COUNT	
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24 hours after death in Item 18 Give Pages 1, rr's Office along with form es Iond 2 with the State Dears after death.	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
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methin 24 hours after death pencil in Item 18 Give Pages 1, caminer's Office along with form the gages lond 2 with the State De 72 hours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO 17. INFORMANT  ADDRESS  17. INFORMANT  ADDRESS  17. INFORMANT  ADDRESS  17. INFORMANT  ADDRESS  (same)	
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<u> </u>		PRIMARY OR CONTRIBUTING HOUR A.M.	11 10)
INER: e cerí shoul files. 3 shou	MEDICAL	CAUSE OF DEATH P M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No 6thy or Town	County State
## 4 # ## ## ## ## ## ## ## ## ## ## ##		WHITE MOT WHITE foctory, office building, etc.)	/
DEPUTY DICAL EXAMINER: This cessory, please execute the certificate, e funeral director. Page 4 should be fomy be retained for your files. FUNERAL DIRECTOR: Page 3 should be a solth prior to buriol, cremotion, or ren		AT WORK AT WORK	1 2
AL Personal Policy Properties and Policy Pro		22a   certify that I took charge of the remains described above, held an Autapsy . Inspection , Inquiry	and in my apinion
pleose e I director retoined I DIRECT ror to bu		death resulted traps Natural causes , Accident , Suicide , Hamicide , Undetermined manner (	
pleose direct direct retoine or to b		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CASSISTANT MEDICAL EXAMINER CASSI	ICHED
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necessory, please execute the certification by please execute the certification of the form of the folial price of the folial price to buriel, cremation,	230	E. L. IN THIS C.	(County) (State)
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	MARTLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
ano.	OG205 CERTIFICATE OF DEATH	07
= 2=	1 DECEASED NAME First Middle clost 20 DATE OF DEATH	2b. HOUR
dea	(Type or point) Bernard Charles O'BRIEN JANUARY Month - Day Ye	1460 300 M
ffer Land	3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years I Funder	
Page Jrs a	1977 Sept YRS	GAYS HOURS MAN
hau hau	70 BIRTHPLACE (State or foreign Country) 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
ed i ope	IN CITY OF YOUR OF STATE USA WIDOWED DIVORCED   Anne ARundel	Md
and campletely filled in by the funeral remaye carbon papers. Pages 1 and 2 n any event, within 72 hours after death	11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. Kit Annapolis Anna Prundel General Happing Machinic Industrial I	ND OF BUSINESS OR TRY
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	14. FATHERS NAME First Middle Cost Is MOTHERS MA DEN NAME First Middle  Bernard (N) O'Brien Flizabeth (N) B	Lost
it the death certificate by the attending physician sit permit. Then please matian, ar remaval, and i	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Address	
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ing Three Temperature	ern control of the co	PPROX MATE INTERVAL WEEN ONSET AND DEATH
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AN: al ar icate for u Heal	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)	
SICA spiro ertifi ed f ed f	If either, notify medical examiner   P.M. 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shaull be let acked for use as the burial-transit permit. Then pleas shauld let filed with the State Dept. of Health prior to burial, cremation, or remayal, and	21d. INJURY OCCURRED While Not while of work o	State
JING by t fter bill is State	22a. I certify that (1) (this haspital) attended the deceased from Dec. 14, 19 GK, ta_Ton 5, 19 GF, saw the deceased clive an Inverse 5, 19 GF, and that in (my) (over opinion death occurred on the date and h	that (We) last
ITAL OR ATTEND may be retained by AAL DIRECTOR: Af page 3 shau e filed w.th the S	saw the deceased olive on January 3 1907, and that in (my) (such opinion death occurred on the date and he causes stated above, (f) (we) (did) (did not) view the body after death.	iour ond from the
ECTO show,th	22b. SIGNATURE 7 0 00 200 ATTENDING MED STAFF 22c DATE SIGNI	
be be ge 3	J. C. CUELLE /// DEGREE PHYS DIRECTOR PHYS DIPLOTOR	15,1969
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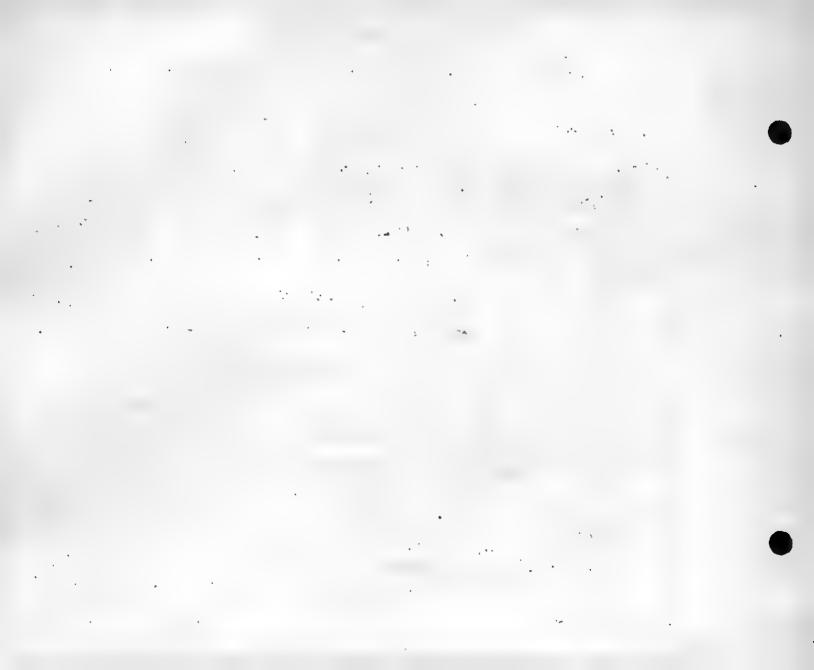


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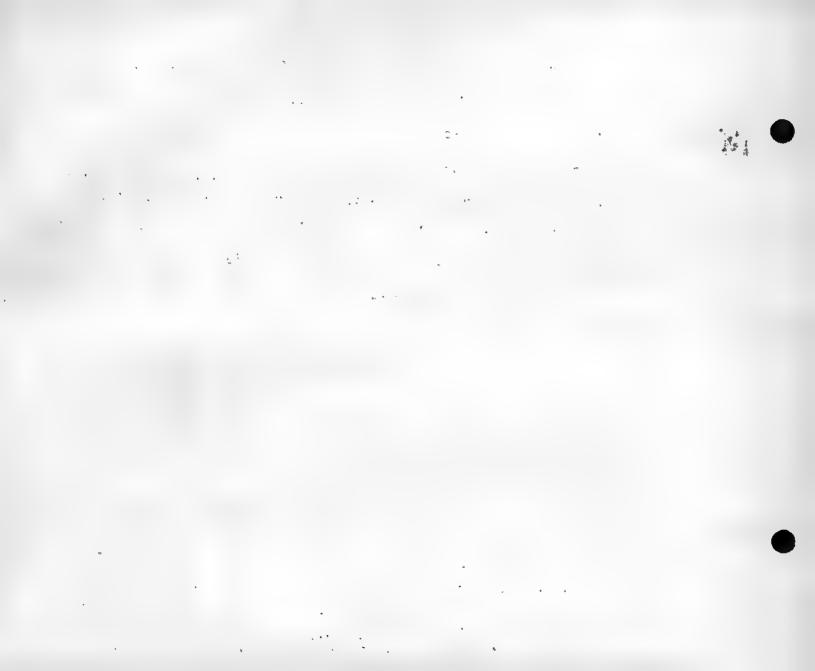


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	ı	CERTIFICATE OF DEATH 00209
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IG PHYSIC the haspin this certi detached ite Dept. a		While Not white of wark of war
Page 4 may be retained by the haspital or FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. af Health	١	220. I certify that (I) (this hospital) attended the deceased from 19, to 19, to 19, that (I) (we) saw the depeased alive an 19, and that in (my) (aur) apinian death accurred an the date and haur and from causes stated above, (I) (we) (did) (did not) view the body after death.
D HOSPITAL OR ATTEND Page 4 may be retained by FUNERAL DIRECTOR: Af director, page 3 should be should be filed with the S	1	22b. SIGNATURE    STAFF   22c. DATE SIGNED   22c. DATE SIGNED   22c. DATE SIGNED   1/5/69
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O HC Page O Ful direc shau	23	BURIAL (REMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 002 0 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR death. requires that the death certificate be executed within 24 hours after death (Type or print) PAJE January attending physician ond completely filled in by the funeral permit. Then please respone carbon papers. Pages I and BABY BOY 2045 M 4. RACE 3. SEX S DATE OF BIRTH 6 AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 100 lost birthdoy) HOURS Male Malayan January 21, 1969 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [ NEVER MARRIED [X] 9. COUNTY OF DEATH country) Philippines Maryland WIDOWED [ DIVORCED [ Anne Arundel 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) give street oddress) Nasa 1 INDUSTRY Annapolis Hospital N.A. 13e, STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) STATE Maryland Anne Arundel YES X NO 2 Maryland Avenue Annapolis 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Sicon Paje Rizalina S. buriol, cremation, or removal, and in Patrocinio Μ. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO 17 INFORMANT Address [ (If yes give war or dates of service) Yes no or inknown) 2 Maryland Avenue Patrocinio Paje None 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1 DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) \_\_\_\_\_\_ mmatur GETWEEN ONSET AND DEATH **Immaturity** hr. 50 min DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) signed by the buriol-transit p rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Page 4 may be retained by the haspital or ottending FUNERAL DIRECTOR: After this certificate has been irector, page 3 should be detoched for use os the director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to CERTIFICATION 19o. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote ot work Ot work 220. I certify that (I) (this haspital) attended the deceased from. that (1) sow the deceased olive on\_\_\_\_\_\_19\_\_\_\_, and that causes stated abave, (I) (we) (did) (did not) view the body ofter death. \_, and that in (my) (our) opinion death occurred on the date and hour and fram the 22b SIGNATURE 22c. DATE SIGNED MED. DIRECTOR X January 21, 1969 DEGRÉE 22d PHYSICIAN S NAME (Type) 23b. DATE NAME OF CEMETERY OF CREMATORY BURIAL, CREMATION 250, REC'D BY REGISTRAR VR A15 (4) 1969 30M REV, 1/68



1		30212	DIVISION OF VI	TAL RECORDS,	301 W. PR	RESTON STRE	ET, BALTIMO		YLAND 21201	J^2	11
eath. Ind 2 eath.		CEASED NAME First	A	Middle	PALMI			2a. DATE OF D	TANUARY DOLLARY	1 <b>1</b> 969	25. HOUR 740 P M
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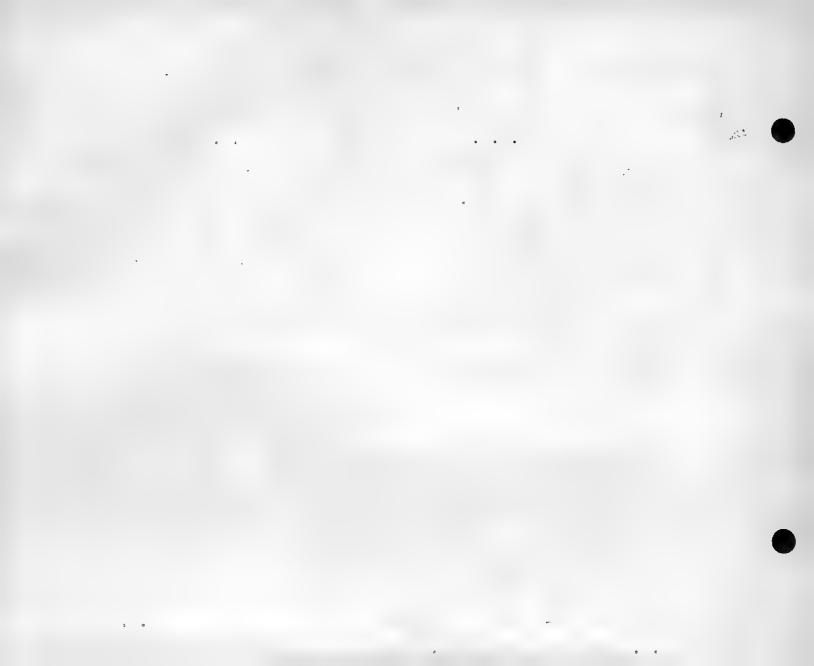
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Ž.	ar of			2 To ACCIDENT WAS UNDERLYING CAUSE OF DEATH	21b. TIME ( HOUR A.M.		21c. HOW	INJURY OCC	CURRED (Enter	nature of injury	in Part 1 ar Port	2, Item 18.)	
	atification of the		MEDICAL	(If either, notify medical exomine	er) P.M.	. 1	9						
H.	is ce			21d. INJURY OCCURRED 21e. F While Not white at work	PLACE OF INJURY	AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCAT	ION Stree	et or R.F.D. No.	City o	or Town	County	State
5	事 <del>年</del> 章				Lacaital\ at	***********	ad Sasan		10	, to		19 that	/1\ /a\ I=a\
	Afte Afte			220. I certify that (I) (this saw the deceased ali	ve on		19 ond th	nat in (m	, 17 ıv) (our) api	nian death a	corred an the	date and haur	(I) (we) last and fram the
E E	OR: Outcomp			couses stated above,	(I) (we) (did	) (did not) view the	body ofter dea	th `	,,,,,,,				
W W	Section 1997			22b. SIGNATURE	. 10	~	har	ATTENDIN	NG M	IED .	STAFF -	22c. date signed 1—15—19	60
0	be Die			22d. PHYSICIAN'S	an C	· Pav	DEGREE	PHYS 22e. ADD		IRECTOR L	PHYS.	エーエシーエン	709
O HOSPITAL	Page 4 may be retained by the haspital ar attending physician. <b>O FUNERAL DIRECTOR:</b> After this certificate has been signed by the attending physician director, page 3 should be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and	1		NAME (Type)	Frank	A. Faraino	M.D.		フィー	Lucal.	ans	Mas	
100	UNE ecto	4	23o.	BURIAL, CREMATION, 23b. D			CEMETERY OR CRE	MATORY		23d. LOCATION	V (City or Town)	(County)	(Stote)
0	Page 7 70 FUN direct shaul			REMOVAL (Specify) Burial Jan	77.75	969 Glan	Haven Me	emori	ol Pk-	Ritch	ie Hevry.	.A.A.Co.	Md.
	VR ATSU	10	24	FUNERAL DIRECTOR Gonce,		ADDDECO			2So REC'D B	Y_REGISTRAR	25b. REGISTRA	AR'S SIGNATURE	40
	30M REV	69	rag.	orge o. donce,	TOOT IT	petite it gu'	ت ما معمد دو و	MOT G	DAMAN	2 1 196	A Merce	arles Jud	





_			MAR'	YLAND STATE DEPARTMEN'	T OF HEALTH	
+4		00230	DIVISION OF VITAL RECO	ORDS, 301 W. PRESTON STREET	, BALTIMORE, MARYLAND 21201	00214
				CERTIFICATE OF DE	ATH	
urs after death.  the funeral ages 1 and 2 urs after death.		ECEASED NAME First (ype or print)	Middle		20 DATE OF DEATH  Month Do	2b HOURP
dec dec		Geor		PHELPS, , Sr	January 23	1969 7:05 M
fter fter fter	3. \$1	X	4. RACE	5 DATE OF BIRTH	6 AGE (In years last bighday)	IF UNDER LYEAR F JINDER 24 HRS MONTHS DAYS HOURS MIN
s al		Male	Negro	Feb. 22,	1899 1899 YRS.	MONTHS DATA MONTHS WINI
24 haurs after death by the funeral and 3	7o.	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	B. MARRIED KNEVER MARRIED	9 COUNTY OF DEATH	
<b>T</b> ( <b>N</b> ) <b>E</b>	-	Maryland Maryland	U.S.	WIDOWED DIVORCED		Md
	ìD 1	ITY OR TOWN OF DEATH	11 NAME OF HOSPITA	L OR INSTITUTION (If not in hospital	2a USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within etaned by the haspital ar attending physician.  CTOR: After this certificate has been a gned by the attending physician and completely fill should be detached for use as the burial-transit permit. Then please frimave cabban points the State Dept of Health prarta burial, cremation, arremaval, and in anti-exercit with the	_	Annapolis	Anne Arun	del Gen. Hospital	Uring most at working life, even if retired )	INDUSTRY
Pa de de	13a adm	USUAL RESIDENCE (Where deceases	ed I ved, if institution. Residence I	before 13c CTY OR TOWN 13d II	ISOE CTY JM 157 130 STREET AND NUMBER	
executed may complete any executed any executed		Maryland	Anne Arundel	Annapolis 19	X NO□ 110 South St.	
× EEE	14.	ATHER'S NAME First	Middle	Lost IS MOTHER'S MAIDEN	NAME First Middle	Lost
n d in d d in	L	Charles	NMN Phel		Anna HKN	Booze
ficate b ysician please al, and i	16a.	WAS DECEASED EVER IN J.S. ARA es, na, or unknown) (Il yes give w	NED FORCES? 16b SOCIAL SEC	URITY NO 17 INFORMANT	Address	
y hy reference of the second o		Yes WWI	214-14	4-6617 Louise H	. Phelps 110 Sout	h St.Anna Md
n certif ng phy Then emava		18. CAUSE OF DEATH (Enter on	ly ane cause per line for (a), (b),	and (c)),		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
e death attendin oermit. on, ar re		PART I. DEATH WAS CAUSEI	) BY: NTE CAUSE (a)	Civy & his cer	has feelent	Pays
atte		4/23	DUE TO, OR AS A CONSEQUEN	ICE OF	U	11
the the state of t		Canditions, if any, which gave)	(b)	Ceveny be	ent depend	Jen.
that in. by 1 rans rem		rise to immediate couse (a), stating the underlying cause(	DUE TO, OR AS A CONSEQUEN	ICE OF		
sicio al-fi		lost.	(c)			
equires that the physician. s gned by the committee burial, crematia		PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DIS	ASE OR CONDITION GIVEN IN PART 1(0)	
law re nding been s s the B	z					
law endi be i be r.ar	CERTIFICATION	190, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION	WAS PERFORMED 200 AUTOPSY?	20b IF YES, WERE FINDINGS (	ONSIDERED IN CERTIFYING
The Interpretation of the Property X	ıĕ			YES 🗆	NO CAUSES OF DEATH?	
ate ar		210 ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJURY	21c HOW INJURY OCCURRE	D (Enter nature of injury in Part 1 or Part 2,	Item 18)
ICEA Dital Diffic Diffic Diffic Diffic	D.CAL	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. Manth Doyner) P.M.	Yeor		
hasp cer che	WED.	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM ST	(REET FACTORY.) 21f LOCATION Street or	R.F.D. Na. City or Town	County State
he he this let a be		at work at work				10.
ING by t frer frer frate		22o. I certify that (I) (th	s hospital) attended the de	eceosed from 110	our) opinion death occurred on the de	Of, that (I) (we) lost
ed be		sow the deceosed o	live on 1/23	19 <u>89</u> , and that in (my) (c	our) opinion death ofcurred on the de	ote and hour and from the
Ti di		22b SIGNATURE	, (I) (we) (did not) view	w the body offer death.	1.00	DATE COURT
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital at attending physician. DIRECTOR: After this certificate has been a gned by ge 3 should be detached far use as the burial-trailed with the State Dept af Health priar ta burial, cre	١.	ZZB SIGNATSKE	of the line of	DEGREE PHYS	MED STAFF DIRECTOR PHYS D	DATE SIGNED
, be be side filed	1	22d PHYSICIAN'S		22a ADDRESS	DIRECTOR L PHYS	1/27/0
RAI P	ı	NAME (Type)	nan Clivic		thedral St., Annapol	is. Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 should be detached far use as the burial-transit permit. Then please a shauld be filed with the State Dept of Health pract a burial, cremation, arremaval, and in	23n	BURIAL, CREMATION, 23b.	DATE 297 NA	ME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	
# Series	200.	PEMOVAL (Specify)		Latia		
===		FUNERAL DIRECTOR			Annapolis A.  FARM 268 RAP 969256 REGISTRANS	000
VR 45M			ll Annapoli	s.Md DAT		100



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30215 00210 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH hours after death. funeral i and (Type or print) Month 3. SEX 5 DATE OF BIRTH IF UNDER 1 YEAR IF JNOER 24 HRS 6 AGE (In years last\_birthday) MONTHS HOURS YRS 76. CITIZEN OF WHAT COUNTRY 70 BIRTHPLACE (State or foreign a 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED Z D VORCED TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fully director, page 3 shauld be detached for use as the burial-transit permit. Then please remove coroon should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 10. CITY OR TOWN OF BEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON IKind of work done 12b KIND OF BUSINESS OR give street oddress during mast of warking its, even it etired.) KNO//1000A 130 USUAL RES DENCE (Where deceased tived, if institution, Res dence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 3b. COUNTY 4 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Pirst First 16g WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no. or upknowed | | ves give war or do by with course) INFORMANT Address APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO 🗌 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f LOCATION Street or R FD No. Stote City or Town County White Not white at wark 22a. I certify that (I) (this hospital) oftended the deceosed from . to 19 6 sow the deceased alive an. and that in (my) (our) opinian death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR 22a\_ADDRESS 22d. PHYSICIAN S NAME (Type) 230 BURIAY, CREMATION 23c NAME OF CEMETERY OR GREMATORY 23b DATE (County) (State) 24. FUNERAL DIRECTOR 7 ADDRESS VR A15 (4) 30M REV 1/68

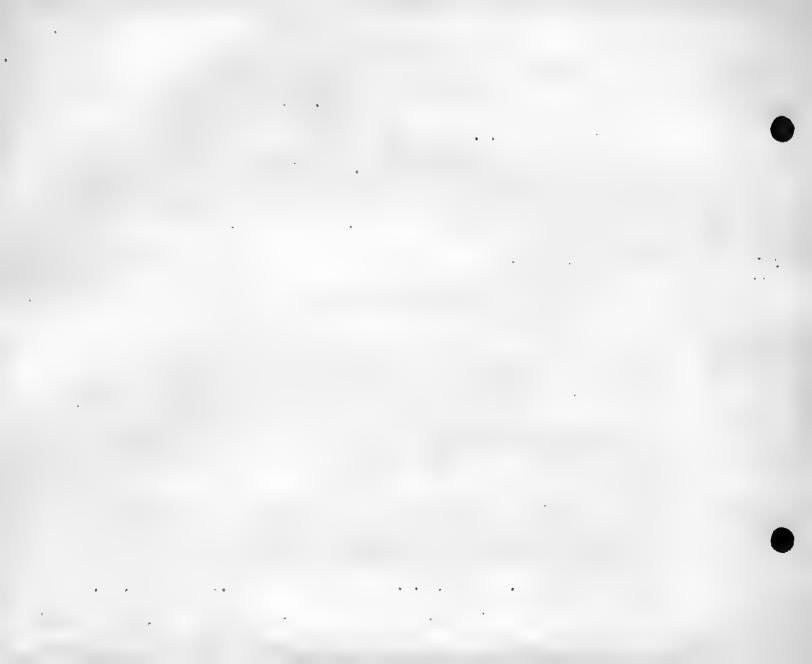


\$°)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0016
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00216
HEALTH DEPT.		y Year 2b HOUR
200 %	1 DECEASED NAME First R. M.odle Pour Phrey or Print) FARL R. Mode Pour Phrey or Death Mated 20. DATE KNOWN Month Do. OF ESTI-DEATH MATED 25	1 169 X M
ay 3 t	3. SEX 4. RACE S DATE OF BIRTH 6. AGE (in yours if JINDER 1 YEAR IF JINDER 24 HRS 2.C. DATE PRONOUNCED DEAD	2d HOUR
det 3 3 det	lost butholoy) MONTHS DAYS HOURS MIN Month Day 2 cd	
any detay hs 1, 2, and 3 to m PM3. Page Department of	23 140/ 1/83	19637 1 M
70	The state of the s	
are Do	WIDOWED DIVORCED DIVORCED DIVORCED	Md.
# F 9 11		KIND OF BUSINESS OR
To 3 # 7	DUA - March arundel (rone Oberator (rets)	975 1 Mc (1) 973
₩ YE 4	13a. USUAL RESIDENCE (Where deceased lived, finishtution, Residence before 13c CITY OR TOWN 13d MISIDE CITY LIMITS? 13e. STREET AND NUMBER	
SOe × a So	odmission) STATE Md. 136 COUNTY Anne Arunde Glen Burnie YES \$ NO 1 8th Avenue, N.	W-
hours of Item 18. Office al	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
4 4 5 0 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	William Pumbhrer Annie Neider	4
within 24 pencil in xaminer's xaminer's ile pages 72 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SECURITY NO. 17 INFORMANT , ADDRESS	
mr po	(Yes, no, ar unknown) (If yas give wer or dates of service) 1 2 16 12 2	A=# 13
should be executed with ward 'pending" in perithe Chief Medical Exarunal-transit permit. File in any event within 72		APPROXIMATE INTERVAL
this differ	18. CAUSE OF DEATH (Enter on y one couse per line for(a) (b), and (c) PART   DEATH WAS CAUSED BY	DETWEEN ONSET AND DEATH
xecuted iding" i hedical permit. t withir	1MMEDIATE CAUSE (o) Thus the form	0
ent it p	DUE 10, OR AS A CONSEQUENCE OF	Qualer
be hie ons	Canditions, if any, which gave rise to immediate couse (a), (b)	
ony	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be e ne ward 'per ia the Chief ! burral-transit	lost.	
a b the	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fron ing rder as	z	
erti writt wa wa ava	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
This certificate should be executed icate, writing the ward pending" is be forwarded to the Chief Medical E be used as a burial-transit permit. I be used and in any event within	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem.)	YES NO Z
INER: This certificate should be executed within 24 hours after certificate, writing the ward "pending" in pencil in Item 18. should be forwarded to the Chief Medical Examiner's Office alfiles. 3 should be used as a burial-transit permit. File pages I and 2 within or remayal, and in any event within 72 hours after dealestion.	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	
old in		
INER e cert shoul files. 3 shou	C LAUSE OF DOUTH	County State
	WHILE NOT WHILE foctory, office building, etc.)	was us
TY DICAL EXAMINER: This certificate by please execute the certificate, writing the roll director. Page 4 should be forwarded to be retained for your files.  AL DIRECTOR: Page 3 should be used as a britar to burial, crematian, or remayal, and		
AL Exec for for Mridi	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my opinion
drector drector etained DIRECT	death resulted from Natural couses , Accident , Suicide , Hamicide , Undetermined manner	
please direction retains or to t	CHIEF MEDICAL EXAMINER	
ITY DICA ry, please e eral director be retained RAL DIRECT	SIGNATURE DELL'ELLE . M.D. ASSISTANT MED CA. EXAMINER 22b. DATE SIGN	NED
EPUTY essary, I funeral oy be r INERAL ITH prid	EXAMINERO	1-68
necessary, please execute the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		nes.
TO D The Figure 1	230 BUR AL CREMATON, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Jown) (Co.	unity) (Stote)
- N	REMOUNT (Specify) Jon 28, 1967 Glen Haven Memitte Glen Gurnie.	MI.
N K	24 DUFRS PRECTOR 11 Sing et o ADDREST moral Home 250 REC'D BY REGISTRAR 250 REGISTRARY S GN	
VR A15METS 10M REV 1768	Klensteller Glen Burnie Md- DATIAN 20 1969 Ochwie	n Jacobse
VR ATSMED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Duckey
10M REV 1768	7-/E71/0017/10   MAN 31 1965	a many

MARYLAND STATE DEPARTMENT OF HEALTH



- 11-	1			ID STATE DEPARTMENT OF		
4		1021,		, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH		00217
, , , , ,	1 n	ECEASED NAME First	Middle	East		
death. neral and 2 death.		(ype or print) Glenr		PUTNAM	January 21	
Fund 11 c	3 SI		14. RACE	S DATE OF BIRTH	January 21	1969   4:15 M
the safe		Male	White	Dec. 18, 19	I man to inthe if man it	MONTHS DAYS HOURS MIN
	70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED	9 COUNTY OF DEATH	
d h Pers		Florida	U.S.	WIDOWED DIVORCED	Anne Arundel	Md
fille fille thin	1	ITY OR TOWN OF DEATH	nive street address)	and the second s	UAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
d withi		nnapolis	Anne Arunde	l Gen. Hospital		BUILDING
	adm	iss on) STATE  Mary land	ed lived f nstitution. Residence before 13b COUNTY Anne Arundel	1	13e STREET AND NUMBER NO W Mayo Post Of	fice
and teams (emave n any even		ATHERS NAME First	Middle Last	IS MOTHER'S MA DEN NAME	K	Last
g 5 5 E		GLENN	I PUTNAM	- 4 4 5	183/4	
he death certificate b attending physician permit. Then please itan, ar remaval, and i	16c Y	WAS DECEASED EVER IN U.S. ARM os. no. prunknawn) (Ityes gove ye	ED FORCES?  Top date of service)  Tob. SOCIAL SECURITY	NO. 17 INFORMANT HELEN M	Dittila Address	13
ph)	=	yas Nu			TUINAM	APPROXIMATE INTERVAL
e iii e		18. CAUSE OF DEATH (Enter and PART 1. DEATH WAS CAUSED	y one cause per line far (a), (b), and (c)			BETWEEN DASET AND DEATH
rend rend mit.		IMMED A	TE CALSE (0) _ Bronchop	rlunonia		48 Mours
per diam		4	DUE TO, OR AS A CONSEQUENCE OF			
the the mating		Cónditians, if any, which gave rise to immediate cause (a),	(b)			
ian. by trai		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
equires that the physician. signed by the burial transit for burial, cremati		lost )	(c)			
The law requires the attending physician. has been signed by se as the burial-train hariar ta burial, cre		PART 2, OTHER SIGNIFICANT CON	DITIONS CONTRIBLIANG TO DEATH BUT N	OF RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(0)	Po A
ding ding seer The ar to	NOI	190. DATE OF OPERATION 196	OND TO FOR WHICH OPERATION WAS PE	server hypertuses	oy 1/145 Eve 00	elely)
The law r attending has been se as the h priar ta	CERTIFICATION	17G. DATE OF OPERATION JATES	ONDITION FOR WHICH UPERATION WASH	1	20b. IF YES, WERE FINDINGS OF CAUSES OF DEATH?	UNSIDERED IN CERTIFYING
e e e e e e e e e e e e e e e e e e e	CERTI	2 o. ACC DENT WAS UNDERLYING	G 216 TIME OF INJURY		er nature of injury in Part 1 ar Part 2, 1	10.
Ital for for for f He	3	OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M. Month Day Year		er mature at injury in Part 1 at Part 2, i	item (d.)
asplasson of the	I GJE	(If either, natify medical examin 21d, INJURY OCCURRED   21e,		CTORY.) 21f LOCATION Street of R.F.D. N	o City or Town	County State
ATTENDING PHYSICIAN: Patained by the haspital ar CTOR: After this certificate shauld be detached for us ith the State Dept. af Healt		While Nat while at wark	OFFICE BUILDING, ETC.			2300
by differ be be		22o. I certify that (I) (the	s hospital) attended the deceos	ed from 1/20, 19,	69, to 1/2/, 19	69 , that (I) (we) last
R: A		sow the deceased of	(I) (we) (did) (did not) view the	1962, and that in (my) (aux) ap	ornian death occurred on the da	te and hour and fram the
ATA State		22b. SIGNATURE	0 / 1/	0	220	DATE SIGNED
OR ATTENI be retained DIRECTOR: A ge 3 should ed with the		1/cur basel &	Hoelywan	THE BEGREE PHYS	MED STAFF DIRECTOR PHYS	21/69
TAL Day AL C		22d. PHYSICIAN'S NAME (Type) Richard		22e. ADDRESS		
SPI 4 m VER.		TCL OTALL	d I. Hochman, M.D		Ave., Annapolis,	Md.
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld	230	BLRIAL, CREMATION, 23b D	34/19/9 3 NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(State)
IM	24	FUNERAL DIRECTOR	ADDRESS	- ZSo REC'D	8Y REGISTRAR 2Sb REGISTRAR S	SIGNATURE
45M	V	OHN M. TA	YLOR SONS ANN	APOLIS MD. DHAN	2 2 1969 Killiane	as Judge



A I	1	MARYLAND STATE DEPARTMENT OF HEALTH
EOD STATE		00213 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1	DECEASED NAME First Middle Lost 20 DATE KNOWN FOR Month Day Year 25 HOUR
		Type or Proft)
3 to Page	3 5	
ny delay 2, and 3 PM3. Pa		AND 3 1015 Equiphrimony Montes Days Hours Min Month / Day 4 Year 69
2, 2, part		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
- E a		57th Dakota USA WIDOWED DIVORCED Anne Arundel Md
ges n fo	-	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USCAL OCCUPATION (Kind of work done 12b Kind of Business or
hours after death any delay is Item 18 Give Pages 1, 2, and 3 to Office along with form PM3. Page band 2 with the State Department of offer death		inapolis   give street aggress)   AA General Hospital   during most of working life, even if retired   INDUSTRY
Give Give h th	12	HIGHER DESIDENCE (MALES ASSOCIATED AND ALLEADED
s afte LB Gi	(	Admission) STATE Md 13b COUNTY AACO Round Bay VES NO 116 Severn River Rd.
hours offer o		FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Last
		Theodore I. Quill Emma Rossing
ind in nod in nod in noner's pages hours	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
d with n 24 hours after death in pencil in Item 18 Give Pag Examiner's Office along with File pages hand 2 with the Ston 72 hours ofter death	(	Ves no. or unknown) 1 1943-1945 577 14 7202 Doris Quill Round Bay, Md.
		18. CAUSE OF DEATH (Enter only one couse per line for (g)_{b} and (c))
xecuted ading i Medical permit.		PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (0)  Care Chare I
exe mdii Mer nt v	П	DUE TO, OR AS A CONSEQUENCE OF
be "pe "pe Inst	П	Canditians, if any, which gave insection is a constant of the course (a), (b)
ord ord e Cl		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
should be e he word "per to the Chief ! buriol-transit	П	last (c)
This certificate should be executed icate, writing the word "pending" in be forwarded to the Chief Medical Ed be used as a bunol-transit permit. I or removal, and in any event within		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMDITION GIVEN IN PART 1(a)
ifico iting ardeo at, a	3	
certiliorwar	CERTIFICATION	196. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?
his ote,	RTIFE	AF2 NOST
INER: This e certificate should be files. 3 should be railes.		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING   HOUR A.M.
INER: e cert shoul files. 3 shot atron	MEDICAL	CAUSE OF DEATH P.M. 19  21d, INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f, IOCATION Street of R.F.D. Ng (itv or Town County State
the the ur f	2	WHILE NOT WHILE foctory, office building, etc.)
bical Examiner: se execute the certi ector. Page 4 should ned for your files. RECTOR: Page 3 shou o buriol, cremation,		AT WORK   AT WORK
AL. P. F. Policiol Jurio		220. I certify that I taak charge of the remains described above, held an Autopsy Inspection , Inquiry ond in my opinion
se se se con l'ined		death resulted from: Matural causes , Accident , Suicide , Homicide , Undetermined manner
please I direct retaine		ACTUAL CHIEF MEDICAL EXAMINER COLOR SIGNED
nry, ny, erol be be pri,		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
FP. Con Standard Management of the Standard Mana		EXAMINER'S NAME (Type)  ADDRESS(Street, city, town, or county)
necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem	230	BURIAL (REMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store)
H H	P	urial 1/5/69 Woodfield Galesville Md AACO
		FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 250, REGISTRAR 5 SIGNATORE
VR A15ME (5)	H	ardesty Fineral Home Annapolis Md DAN 7 1969 17 The Journal of the Property of
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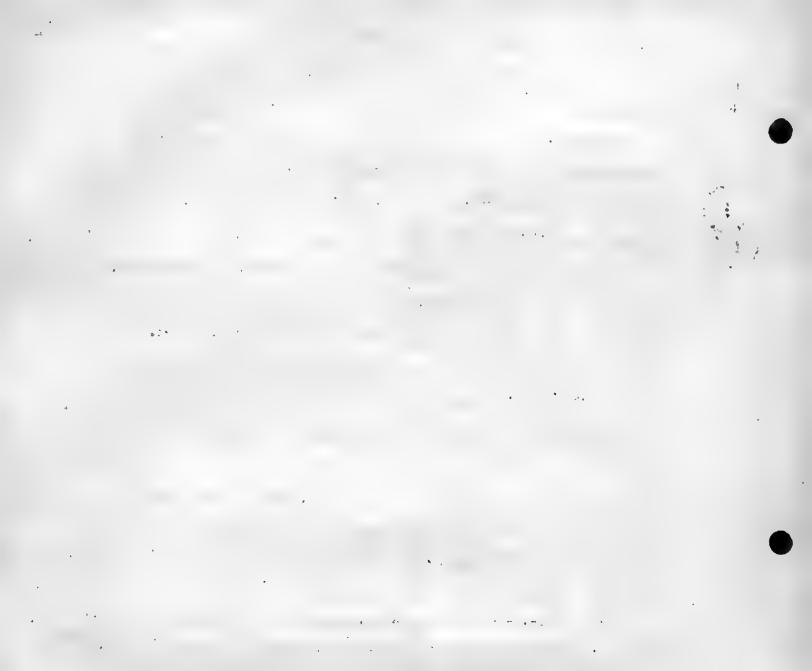


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	3. SE	Male		4. RACE Whi	ite			S. DATE OF BI	RTH 3, 196	59		6. AGE (In years last birthday) YRS.	MONTHS DA	
	70 B	IRTHPLACE (Stote or foreign aryland		CITIZEN C	OF WHAT CO	UNTRY?	8. MARRIE WIDOWE	NEVER MAR	RRIED [X]	9. COUN		Arundel		M
	10 C	TY OR TOWN OF DEATH Ft Geo G. Me	ade	4	11 NAME OF give street o	HOSPITAL OR IN ddress) Kimbrot	statution (i	nat in hospitai my Hosp	12a. JSU during n	JAL OCCUP	ATION (	Kind of work done fe, even if retired.)	126 KIND INDUSTRY	OF BUSINESS OR
١	13a. admir Misi	USUAL RESIDENCE (Where dess on) STATE TYLAND	eased	l⊮ <b>≱ê</b> d, if `r	nstitution Re NTY Arun	sidence before	13c CITY	r TOWN	13d. INSIDE CITY YES N	timits?	13e. STR	EET AND NUMBER	80x 200	
l	14. F	ATHER'S NAME First Davi	d	Mid		lost Rank	in	15. MOTHERS MA	AIDEN NAME	<sup>first</sup> Barb	ara	Middle	Faul	losi kner
	160. Ye	WAS DECEASED EVER IN U.S. es, no. or unknown) (14 yes o	ARMED	FORCES? dates of servi		ocial security None		INFORMANT David Ra	nkin,F	Route	#1	Address Box 200		
		18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CA IMM Conditions, if any, which go rise to immediate cause (stating the underlying coulast.  PART 2 OTHER SIGNIFICANT	ve ) o), (	CAUSE (a)  DUE TO,  (b)  DUE TO,  (c)	OR AS A CC	ONSEQUENCE OF		RESSION TO THE TERMINA					BETWIE	OXIMATE MYERVAL IN OWSET AND DEATH IN S 8 Min
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		at wark at work						LOCATION Street				or Town	County	State
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		22b. SIGNATURE	M	5	. W	teadm	MDDE			MED DIRECTOR		STAFF PHYS.	. DATE SIGNED	1969
			LIA	M L.V	WESTON	,CPT,M			•KIMBI			MY HOSP, F		
		BURIAL EXEMATION, REMOVAL (Specify)	JA1	U.16	6,1969			OD C	EM.	16	SW	(City or Town)	(County)	), C.
	24	FUNERAL DIRECTOR C	DU	ע דע	F.t	. ELL		rend	2So PECD	BY REGIST	1361	25b ASSESTEAR	SEIGNATURE	gr.

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10 m		9025 *	AL RECORDS, 301 W. PRESTON STREE		36220
	L	0000	CERTIFICATE OF D	EATH	
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deati erol geat	L	William Jo	seph REID	Manth Day Jan 6	.1969 5:18M
à ÊT à	3 5		S. DATE OF BIRTH	6. AGE ( n. venes	IF UNDER 1 YEAR   IF JADER 24 HRS
E 25		Male White	Jan.3	1,1899 (st hirthday) YRS.	MONTHS DAYS HOURS MIN
and a de	7a	BRTHP, ACE (State or fore on 7b CIT 7FN OF WHAT C	OUNTRY? 8 MARRIED A NEVER MARRIE		
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no all de la company de la com	13a	SUAL RESIDENCE (Where deceased lived, if institution for	esidence befare 13c. CITY OR TOWN 13d	INSIDE CTY LIMITS? 130 STREET AND NUMBER	
campletely save corbor y event, with	dom	ssian) STATE Md 13b COUNTY A A	Co Mayo Y	<sup>8</sup> □ NO  1603 Cliff	Drive
and c remo	14.	ATHER'S NAME First Middle	Last 15. MOTHER'S MAID		Last
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icote be /sician o please /, and ir	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 116b.	SOCIAL SECURITY NO 17 INFORMANT	Address	
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h certificate be executed wing physician and camplete. Then please remove cortiemovol, and in any event,		1B. CAUSE OF DEATH (Enter only one cause per line for	(a) (b) and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eoth oor		PART I DEATH WAS CAUSED BY	ents myorandial	5. lankon	COLUMN THE AND DEATH
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equires tho physician. signed by buriol fron burial, cren		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH DUT NOT DETATED TO THE TEDMINAL D	CONTRACTOR OF THE PROPERTY OF	
req g pl n sig		TAKE 2. OTHER STORIFFCAM CONDITIONS CONTRIBUTING	TO DOMESTIC TO THE TERMINAL D	ISEASE OR CONDITION GIVEN IN PART ITO	
law re nding been s the ior to	CERTIFICATION	9a DATE OF OPERATION 19b CONDITION FOR WHICH O	PERATION WAS PERFORMED 20g AUTOPSY	Y? 206. IF YES, WERE FINDINGS C	UNKIDEDED IN CEDITEVING
The I after has less less ly has ly hair	2	W DATE OF OFERRIOR	YES	NO CAUSES OF DEATH?	OHSIDERED IN CERTIF 1990
F P P P P P P P P P P P P P P P P P P P	EE	210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJU		RED (Enter nature of injury in Part 1 or Port 2,	Itama 10 h
far He		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Mc	inth Day Year	kes (emer harde at mjory in Part 1 at Part 2,	Hem (o.)
PHYSICIAN: The hospital or this certificate Setached for use Dept. of Health	MEDICAL	(If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HIS	IS THE FIRM STREET SATIONAL AND ADDRESS OF THE PROPERTY OF THE	Dep H	
ho ho hach	1	While Nat while at wark of wark	OME FARM, STREET FACTORY.) 21f LOCATION Street of	ir R.F.D. Na City or Tawn	Caunity State
AB - 73 (0)		at wark at wark	111111111111111111111111111111111111111	10.45	7.0 4 7.087 33
PIN Affe by Sta Sta Sta		22a. I certify that (1) this haspital affende	d the deceased from	/aus) aninian doath selected an the de	by , that (1) (we) last
OR ATTENDING be retoined by the JIRECTOR: After the 3 should be do		22a. I certify that (1) this haspital attende saw the deceased alive an causes stated abave (1) (we) (did) (did	not) view the bady after death.	(dail) abusan again agained on the ac	ire and flavi and fram the
A S S S S S S S S S S S S S S S S S S S		22b SIGNATURE A		22.5	DATE SIGNED
J. S.		Isw alts dur	DEGREE PHYS	DIRECTOR D STAFF D	9/69
AL AL		22d. PHYS CIAN'S	22e. ADDRES		
PIT MC		NAME (Type) John L. Hedema	n. M.D. 140	7 Forest Dr., Annapol	is. Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the buriol transhould be filed with the State Dept. of Health prior to burial, cre	23a	BURIAL CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(Caunty) (State)
100 Pop A	F	REMOVAL (Specify) Jan 10,1969	l .	Wash, DC	, , , , , , , , , , , , , , , , , , , ,
⊢ ⊢		FUNERAL DIRECTOR	ADDRESS 2S	a. REC D BY REGISTRAR 2Sb REGISTRAR S	SCHATURE
VR A15 (4) 45M - 1/69	F	ardesty Funeral Home		JAN 13 1969 Jan	Bo Jung





1		_				PARTMENT				16,610	20
	₹0225	D	IVISION OF V	ITAL RECORDS,				E, MARYLAND	21201	1022	526
	10000			C	ERTIFICA	TE OF DEA	\TH				
1.	DECEASED-NAME	First		Middle		Lost	A 20	DATE OF DEATH			2b. HOUR
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3	SEX		4. RACE		5	DATE OF BIRTH	<i>(</i>	6. AGE (In	veors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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Ľ	mission) STATE MARYLAND	)	ANNE AR	UNDEL	ANNAP	OLIS TEL	NO [	207	NORW	OOD ROA	D
14		First	Middle	Lost		OTHER S MAIDEN N			Middle		Lost
L		HN	ERNEST	REINBU			LOU	MINOR NEB	ANE		
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Г	18. CAUSE OF DEA		one cause per line	for (a), (b), and (c))						APPROXIM	MATE INTERVA. NSET AND DEATH
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	nse to immediate stating the underl	couse (o).	(b) DUE TO, OR AS	A CONSEQUENCE OF							
	lost.	Aurid conze	(c)								
1	PART 2, OTHER SIG	NIFICANT CONDI		NG TO DEATH BUT NO	T RELATED TO TI	IE TERMINAL DISFA	SE OR CONDITI	ON GIVEN IN PART 1	(o)		
			C PYELON	_					1 - 1		
MOLTA NICK AND M	190 DATE OF OPERAT			H OPERATION WAS PER	FORMED	20a AUTOPSY?		20b IF YES, WERE	FINDINGS CO	ONSIDERED IN CE	RTIFYING
100	2						NO 🗆	CAUSES OF DEATH?			
		UNDERLYING	1216 TIME OF I	NJURY	21c HOW	_		e of injury in Port 1	or Port 2. It	tem 18.1	
		CAUSE OF CEATH	HOUR A.M.	Month Doy Year			121101 110101	- 0. Allory at 1011 1		19.7	
MEDICAL	(If either, notity mi	RED 214 DE	P.M.	T HOME, FARM, STREET, FACT	ORY VI SIE TOCK	I Disc teast of DI	ED No	City or Town		County	Stote
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	22a   certify t	hot (I) (this	hospital) otten	ded the decease	d from		, 19	to	, 19_	, that	(I) (we) lost
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	couses sto	ted obove, (	1) (we)(did)(d	id not) view the b	ody ofter dec	oth.					
	22b. SIGNATURE	1 0	1.6			ATTENDING -	→ MED.	STAFF	22c. C	DATE SIGNED	
	//10	and 7	1. your	-> MI	DEGREE	ATTENDING PHYS	MED. DIRECTO	R STAFF	X		
	22d. PHYSICIAN'S NAME (Type)	ME	FORNES, I	LCDR 'MC L	ICM	22e. ADDRESS	LINCH	ITAI ANN	ADOLIC	C ND 21	Lina
	iscur (1 lbe)						L HUSP	ITAL, ANN	APULIS	3,MU.Z1	402
23	BUR AL, CREMATION	, 23b. DAT	TE / C	1/) /:	EMETERY OR CR	EMATORY JI	238.	LOCATION (City or 1	1		(Stole)
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į	FUMERAL DIRECTOR	Ton In +	-April 1	June ADDRESS	Wid.			ISTRACT 2SS R	EGISTRAR'S	SIGNATURE	
	MANY 11/ V	1/014	CAMPI Co	100	111060	DATE					

MAKTLAND STATE DEPARTMENT OF HEALTH



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1	:	L				CERTIFICATE					
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	B 25554	130	USUAL RESIDENCE (Where deceos	sed lived, if nstituti	on: Residence before	13c CITY OR TOWN	13d. MSIDE CITY LIS	MITS? 13e STR	ET AND NUMBER		
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	AN:   ar   ar   cate   or L				Month Doy Year		RY OCCURRED (Enjoy	noture of injury	in Port 1 or Part 2,	tem 1B.)	
	District the second of the sec	MEDICAL	(If either, notify medical exami	ner) P.M	12 22	19/2 6					
	has be	Σ	21d INJURY OCCURRED 21e While Not white VI	PLACE OF INJURY	r at home, farm. Street, f/ Loffice Building, etc.	ACTORY ) 21f LOCATION	Street or R.F.D. No.	City o	r Town	County	Stote
	the Det		of work of work	/FPV		113 -	3rd on S		len Busin		77
	by Affer Stor		22a. I certify that (I) (the saw the deceased a	is/haspital) atte	nded the deceas	sed fram 1.2	25/68, 19_	, ta!	corred an the da	, that	(I) (we) last
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	SPIT 4 m er, d b			e D. na			3427	1 Amno	my Rd Bo	UB 27,	and
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by ecuted within 24 days after death.  Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.	230	BURIAL CREMATION, 23b. REMOVAL (Specify) BURIAL 1		23c. NAME OF	CEMETERY OR CREMATO	ORY	23d LOCATION	l (City or Town)	(County)	(Stote)
	5 5 5 W	L	Burial 1/	25/69	uloodla	wn Cemete	ry	Ralti	more, Mai	hnaly	
	VR ASS	24.	FUNERAL DIRECTOR	Flam	ADDRES	S	2So REC'D B	Y REGISTRAR	2Sb REGISTRAR'S	SIGNATURE	4.00
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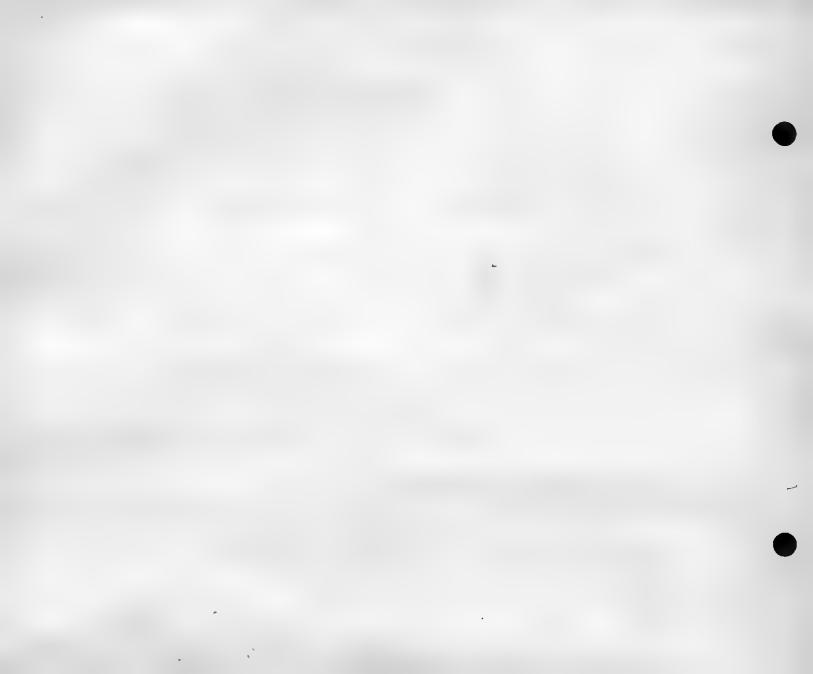
	1	MARTLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1	П	CERTIFICATE OF DEATH	
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fille thin	10	ITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital like a usual occupation like a year at return)  12 design most of wartening like a year at returned light light like a year at returned light lig	ESS OR
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d columnay	14.	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lo	st
and		HARON W. ROYLANCE CHARLOTTE E. BERRY	
Page 4 may be retained by the hospital ar attending physician.  Fulk and be retained by the hospital ar attending physician.  Funk at DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remave carban paper shauld be filled with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72.		WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknown) If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT MRS. UNA MARIE ROYLANCE	13
g pt	F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE IN BETWEEN ONSET AN	TERVAL ND DEATH
ath if:		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ### CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	D DUNIII
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isiji at		rise to immediate cause (a), (a)	
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CIA it all all all all all all all all all al	MEDICAL	CIF either, notify medical examiner)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year   19	
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by by state		220. I certify that (I) (this haspital) attended the deceased from, 1947_, to, 1947_, that (I)	(we) lost
ed A		22o. I certify that (I) (this haspital) attended the deceased from, 1942, to, 1949, that (I) sow the deceased alive an, 1949, and that in (my) (aur) apinion death accurred an the date and hour and couses stated above, (I) (we) (did) (did not) view the body after death.	from the
## 15 in 15		226 DATE SIGNATURE 220 DATE SIGNED	
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_	1	MAKYLAND STATE DEPARTMENT OF HEALTH
	L	00221 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
- 1	L	CERTIFICATE OF DEATH
£ -2 £		ECFASED NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR
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hin 24 filled pape thin 7	10.	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address)  12 USUAL OCCUPATION (kind of work done give street address)
# Soo wim	L	ANNA POLIS ANNADOLIS NURSING HOME MACHINIST WIS N. JARD
ant,	130	JSUAL RESIDENCE (Where deceased lived, if institution: Residence before   13c (TTY OR, TOWN )   13a INSIDE CITY LIMITS?   13e STREET AND NUMBER
E AESS	Dam	13b. COUNTY AA CO. EGGE KATEN NO 1427 YI ASALLE DIRe
ou o	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
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ion ion ind	160	WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO   17 INFORMANT Address
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eof end ar ı		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Crelyel anortia Immediate Cause (a)
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<b>三</b>	MEDICAL	(If either, notify medical examiner) P.M. 19
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Bald River		causes stated abave, (I) (we) (did) (did nat) view the bady after death.
A S C S S		22b, SIGNATURE 22c, DATE SIGNED
OR De red v		1 Ceclean & Charles MD Degree PHYS. D DIRECTOR D PHYS. D 25 Jan 1969
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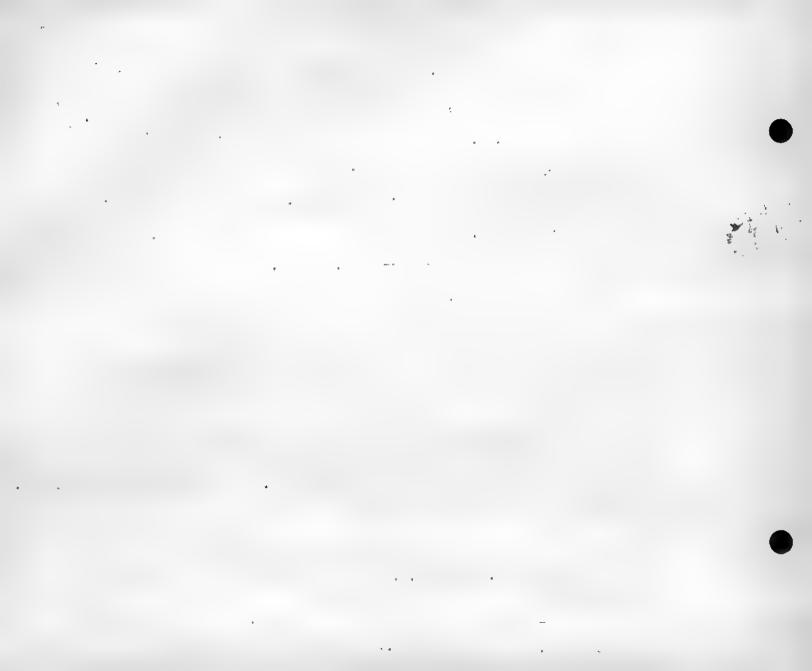


-1 b	14	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR CTATE &		18.17.2.4
FUK STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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E 7		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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thin 24 miners a miner s hours		WAS DECEASED EVER IN U.S. ARMAD FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS POLICY
E & 8	L	Mr. George Scardina Bex 190 6B
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re de KA		WHITE ON TWHEE TOCTORY, Office building, etc.)
Poor Poor		22a. I certify that I tack charge of the remains described above, held an Autopsy 🗍, Inspection 🖂, Inquiry 🔼 and in my apinion
<b>2</b> 5 5 5 7 5 6 5 6 7 5 6 7 5 6 7 5 6 7 5 7 5		death resulted-from: Natural causes 🔀 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 Undetermined manner
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'	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1000
~ FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10227
HEALTH DEPT.		y Year 2b, HOUR
is to of of	I DECEASED-NAME First Middle Lost 20 DATE KNOWN X Month Do OF ESTI-  Karl C. Schoene DEATH MATED 1, 1	7 1969 3:05
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	REMOVAL (Specify)	'' '
**	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REG STRAR S SIGN	VATURE
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MAKTLAND STATE DEPAKTMENT OF HEALTH



				ID STATE DEPARTMENT		
<i>I</i>		022.	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201	00228
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filled in paper		A A	11 NAME OF HOSPITAL OR IN give street address) NOR	THE ABUNGEL dur	n. USUAL OCCUPATION (Kind of work doining most of working life, even if retired Housewife	
with rely f	01	En Burnie	Convolescent	Center		
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon pages 1 and 2 shauld be filed with the State Dept of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after death	adm	ssian) STATE	d lived, if institution. Residence before	/ VEST	NO 🖾 13e. STREET AND NUMBER	and Pd
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CIA Figure 1	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year P.M.	q		
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S G S G S G S G S G S G S G S G S G S G		causes stated above,	(I) (we) (did) (did not) view the	body after death.		
wit self and		22b. SIGNATURE	0-110.	ATTENDING IT	⇒ MED ☐ STAFF ☐ I	22c. DATE SIGNED
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AL AL		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
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VR A15 (4)		FUNERAL DIRECTOR				AR S SIGNATURE
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O	- 1			0023	) DIVISION O				RTMENT OF HEAL 1 STREET, BALTIMOR		LAND 21201			
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	E BUSE								Brooklyn	, Ba	ltimore,	Md.	21.22	- 10-
	24 ho or or o	P		NAME OF HOSPIT 1209 3rd	ALOR INSTITUTION (If not Streat	in hospital, give	street address)		d STREET ADDRESS 4209 3rd	Stre	et		e IS R ON YES [	RESIDENCE A FARM? NO A
	ENTE	10	3 N	AME OF	Firs		Middle			4 DATE	Mant		Day	Year
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	we ca	*	SS			7 MARRIED	NEVER MARRIED		DATE OF BIRTH	9	AGE (In years		YEAR IF UT Days Hat	NDER 24 HRS.
	execut and cam remave			emale	White	WIDOWED [	DIVORCED 🛣		Dec. 20, 19		713		1	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execuing the set of may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carrelated, page 3 shauld be detached for use as the burial-tramsit permit. Then please remayes shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any expense.		10a durin	JSUAL OCCUPATION g most of working None	(Give kind of work done life, even if retired)	INDU'	OF BUSINESS OR STRY One		Baltimore,			12. CITIL	ZEN OF WHA	A .
	ficat ysici ple 1, a		13	FATHER'S NAME				$\neg$	14 MOTHER'S MAIDEN NA					
	ph ph love				George C.	Ernest			Olia Lin	ton				
	th c		15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates at	16. 500	TAL SECURITY NO. 1	7 IN	FORMANT		Addre	55	2]	1225
	dea fenc mit or			na, ar unknawn) VO	(It yes give war or dates at	zervice)		Mrs	. Audrey E	. Sch	ilpp 601	Hopk	ins St	
	he at per				EATH (Enter only one cous- TH WAS CAUSED BY:	a per line for (a)							INTERVAL	BETWEEN
	th the second			PART 1. DEA	TH WAS CAUSED BY: !MMEDIATE CAUSE (	Rheum	atic heart	di	sease and ca	rcino	ma of l	ıng wi	th_	ND DEATH
	s the signal of		Н	278X	DUE T				metastases					
	ysk merial			Conditions, if any		b)								
	The law requires the attending physician has been signed by se as the burial-trath priar to busial, cre			rise to immediat stating the unde		0								
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	e le tten as b as as		2	PART II. OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RELATED	TO TH	IE TERMINAL DISEASE COND	ITION GIVE	N IN PART 1(c)		19 WAS PERF	AUTOPSY ORMED?
	or of the house softh	V	CERTIFICATION										YES [	NO 🗌
	d of			20a. ACCIDENT WA	S JNDERLYING 🗆	20b DESCR	RIBE HOW INJURY OCCURR	ED (E	Enter nature of injury in Po	ort 1 ar Port	t II of item 18)			
	SICE SPITE POPULATION OF COLUMN 1			UK CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)									
	ING PHYSICIAN by the haspital fler this certifica be detached fai		MEDICAL	20c TIME OF INS	URY Month, Day, Year			PLAC	E OF INJURY (Hame, farm,	201	(City or town)	(Cour	нү)	(State)
	5 + + e e e e e e e e e e e e e e e e e		岁	Hour a.	10	While of work	Nat While of work	TOCTO	ry, street, office bldg., etc.)					
	PN by States			21. I certi	fy that (I) (this hasp		the deceosed from	)	death accurred at_	, †	0	, 19	_, that (	I) (we) las
	OR ATTENE be retained DIRECTOR: A ge 3 shauld ed with the				eceased-alive an _		19, and i	that	death accurred at_	N	, fram couses	and an th	e date st	oted above
	E sp C sp in			22o. SIGNATURE	at) 1	1			ATTENDING	AED	STAFF	22b DA	TE SIGNED	
	98 BE				DWW.	1, 1,	V~	M.D		AED. IRECTOR	STAFF PHYS.	]		
	AL by			22c. PHYSICIAN'S					22d ADDRESS					
	PIT, BERA	1		NAME (Type	Edward		on, M.D.		700 Flee					
	Set		23 a.	BURIAL, CREMATI	ON, 236 DATE THE		23c NAME OF CEMETERY	OR C	REMATORY		CATION (City or To	h	County)	(State)
	TO HOSPITAL Page 4 may b TO FUNERAL D director, page			REMOVAL (Specify Burial	2/1/6	9	Mt. Olive	t		Bal	timore,	Maryl	and	
		8	24,	FUNERAL DIRECTO	OR among f		ADDRESS		2Son RES D DATE	BY REGISTR	AR 25b P	GISTRAR'S SIC	NATURE	
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				/	355-1	185								



(Type or print)  EFFJE  NORWOOD  SMITH  January  3 SEX  4 RACE  Caucasian  9 March 1897  70. BIRTHPLACE (Stote or foreign country)  70. BIRTHPLACE (Stote or foreign country)  NORWOOD  SMITH  January  3 SEX  Female  Caucasian  9 March 1897  70. BIRTHPLACE (Stote or foreign country)  NORWOOD  SMITH  January  23 1969  71. AGE (In years tost birthday)  YRS  WIDOWED  10 DIVORCED  Anne Arunde  10 CITY OR TOWN OF DEATH  Anne Arunde  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working size, even if retired.)  NAVA 1 HOSP Ital  130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before list institution: Residence before list whites list institution in hospital list whites list institution in hospital list whites list whit	
1 DECEASED-NAME (Type or print) EFF3E NORWOOD SMITH 20. DATE OF DEATH Month Day Year 1969 9:  3 SEX 4 RACE S DATE OF BIRTH 9 March 1897 6. AGE (In years life unders 1 values of birthday) 1 YRS MONTHS CAYS HOURS	
Second Country   Female   Second Country   Second Count	IOUR
3 SEX 4 RACE Caucasian 9 March 1897 6. AGE (in years list whother trans it whose the properties of the	MAN
Female Caucasian 9 March 1897 (SI Briting Mark 1897)  70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NE	4 HRS
20. BIRTHPLACE (Stote or foreign   76. CHTZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   Anne Arunde   10. CHTY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120. USUAL OCCUPATION (Kind of work done during most of working ite, even if retired.)   HOUSEWIFE   130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before   13c. CHTY OR TOWN   13d. IMPROCED   13d. MARRIED   13d. Market   Street   13d. Market   13d. Market   Street   13d. Market   13d. Market   Street   13d. Market	MIN
So I omon Island, Md. U.S.   WIDOWED   DIVORCED   Anne Arunde    10 CITY OR TOWN OF DEATH   11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working) fe, even if retired.)  Annapolis   Annapolis   136 KIND OF BUSINESS   INDUSTRY   HOUSEWIFE   INDUSTRY   INDUSTRY    130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before   13c CITY OR TOWN   13d INSIGE CITY (MITS)   13d INSIGE	
Annapolis	Md.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b (OBNTY 13c OBNTY 1	JK
admission) STATE 13b (OUNTY 13c YESV NOT) 134 Market Street	
Maryland Anne Arundel Annapolis TSE NOL 134 Market Street	
14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle 5 Last	
Gus Evans Molley	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, not are by nawn)  [If yes give wor or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT 220-16-9014 HOLLARD S. SHIFH  231-16-9014 HOLLARD S. SHIFH	
APPROXIMATE INTER  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  BETWEEN GINST AND	
PART I. DEATH WAS CAUSED BY.  CHRONIC PULMONARY EMPHYSEMA	ATH
DUE TO, OR AS A CONSEQUENCE OF	
Eanditrans, if any, which gave (b).	
되는 Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
Selection (c)	
stating the underlying cause (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES NO CAUSES OF DEATH?	
200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYIN	
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO 20g	
21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
OR CONTRIBLTING CALES OF GEATH HOUR A.M. Month Day Year  (If either, notify medical examiner) P.M. 19  21d INITIRY OCCURRED 21e PLACE OF INITIRY (AT HOME FARM, STREET, FACTORY, ) 21f LOCATION Street at R. F. D. No. (iby at Town County)	
Gus Evans Molley  The application of the part of the p	ate
ot work  or work	V In at
saw the deceased alive an	m the
causes stated gbave, (1) (we) (did) (did nat) view the bady after death.	
22b. SIGNATURE 22c DATE SIGNED  DEGREE PHY'S DIRECTOR DIR	
22d. PHYSICIAN'S 22a ADDRESS 7	_
NAME (Type) M.F. FORNES, LCDR MC USN US.C. H HINAPELIS MD.	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF INJURY P.M. Month Day Year HOUR A.M. Month Day Year 19 19 19 19 19 19 19 19 19 19 19 19 19	
VR A15 [4] 30M REV. 1/68  24 FUNERAL DIRECTOR  ADDRESS  A	



-/-	1	MAKILAND STATE DEPARTMENT OF HEALTH
		∂ 2 3 ○ DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
į.		CERTIFICATE OF DEATH 08233
£ _ ~ £		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b HOUR
house after death.		Type or print) EVELYN M. SMITH Manth Day Year 1/18M
offer of the contract of the c	3. SE	lock bartherny Moural Dave would him
	L	FEMALE WHATE 4-11-0/ 6/ YRS.
hours	7a. (	BIRTHPLACE (State of Variety of DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
72 1 7		MY ON DIVORCED DIVORCED MY
Filled n pape	10 (	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUAL OCCUPATION (Kind of work done lize, KIND OF BUSINESS OR during most of working ife, even if retired)  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  12. USUAL OCCUPATION (Kind of work done lize, KIND OF BUSINESS OR during most of working ife, even if retired)  13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  14. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital  15. KIND OF BUSINESS OR  16. OR DEATH  17. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital  18. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital  19. NAME OF HOSPITAL OR INSTITUTION (IF not in ho
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whim 2 Page 4 may be retained by the haspital or attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filler director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon pages should be filed with the State Dept. af Health prior ta burial, crematian, ar remayal, and in any event, within	adm	USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY ORTOMINAL 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER ASSIAN) STATE 13b COUNTY A -A -CO SEVERNA YES NO 120 613 CYPTES LAWE
exe od c any	14.	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
be an an in a		CAMES IT NORTON DAISY M. HEATIT
afe icial leas and	Ϊóα.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address
fific hysi n pl val,	L Y	(es, na, ar ulknowl) (If yes give wor or dates of service)  BUETON L. SMITH - ABOUTE
The D		IB. CAUSE OF DEATH (Enter arry one cause per line for (a), (b), and (c).)
aff indirection of the series		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Condiac- de compensation (bulmonary ordema) 5 days
atter		DUE TO, OR AS A CONSEQUENCE OF
the carried attice		Conditions, if any, which gave
hat n. yy ta ans		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
requires that the death certificate be executing physician.  I signed by the attending physicial and come burial-transit permit. Then please remave a burial, crematian, ar remaval, and in any every		lost. (1) Rheumatic Lever probable
phy phy sign buri		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ren he	N.	metastases to lungs and live from carcinoma of colon.
hay end s be as t	CATIC	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
se s	CERTIFICATION	Dec. 23, 65 Carcinoma of signoid colon YES NO [] CAUSES OF DEATH?
IN: Or or		21a. ACCIDENT WAS UNDERLYING 21b TIME OF NURY U 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
音楽音音	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year  (If either, natify medical examiner)  P.M. 19
has has cell	WE	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. (11y or Town County State
this the De De		at work
by the fifter be costated		22a. I certify that (I) (this hospital) attended the deceased from 1964, 3 , 1965, to 1965, to 1965, that (I) (we) last saw the deceased alive an 1964, 4 , 1968, and that in (my) (our) apinion death accurred an the date and hour and from the
OR ATTENDING PHYSICIAN: The law re be retained by the haspital or attending DIRECTOR: After this certificate has been le 3 shauld be detached far use as the ed with the State Dept. af Health prior ta		saw the deceased alive an <u>ASAC. A. 1948</u> , and that in (my) <del>(our)</del> apinian death accurred an the date and haur and from the causes stated abave, (I) <del>(we) (did)</del> (did not) view the bady after death.
Tigin that		226. SIGNATURE 226. DATE SIGNED
OR / PEC 8 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		John Lilden Howard M. Degree ATTENDING MED DIRECTOR PHYS. 15 69
M C J	Ш	224 PHYSICIANS   120 ADDRESS
SPITAL 4 may 4ERAL 1 dar, pag 1d be fil		MAME (Ype John Tilden Howard, M. D. 12 E. Eager St., Baltimore, Maryland
TO HOSPITAL OR ATTENDING PHYSICIAN: The law no Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the stoold be filed with the State Dept. af Health prior to be a stoold be filed with the State Dept.	230	RIPIAL CREMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (Giver Town) (County) (State)
O HO:	(	BUT AL 1-16-69 MEADOW RIDGE EN PORSEY HOW. Ma
	24.	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b. REC.S.RAR'S SIGNATURE
30M REY (68	1	Hert S. Romagues Sevenus (the ) Dard AN 17 1969 peliones Judge
A		THE COUNTY OF TH

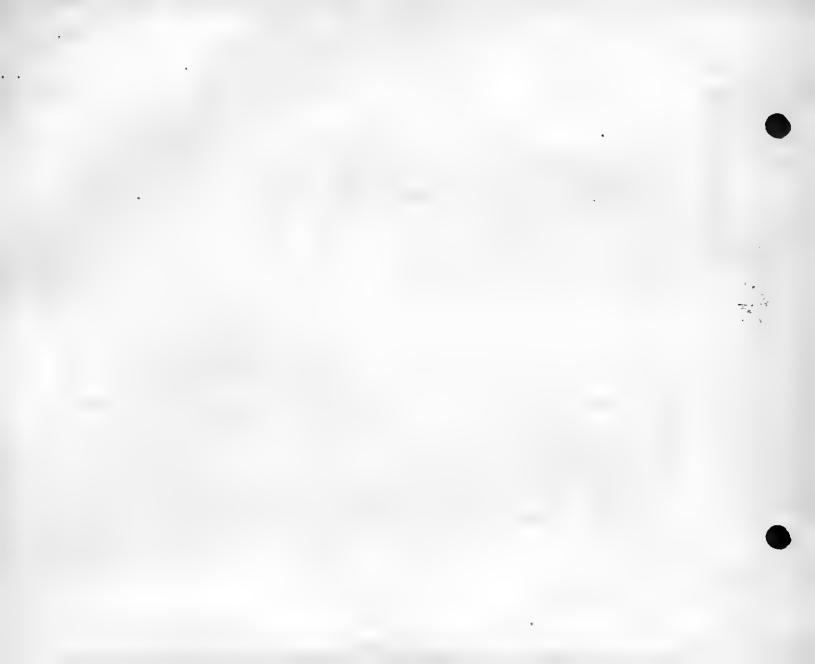
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1		€0233	DIVISION OF VITAL RECORDS,			V 555
	ł .			CERTIFICATE OF DEATH		36232
deoth.		CEASED-NAME First  Appe or print John	Middle C	last Smith	Jan. Manth 8 Do	2b. HOUR 10:24
executed within 24 hours after death to completely filled in Lythe Toneral emove corban popers. Pages of and any event, within 72 hours state death	3. S	X Male	4. RACE White	s. date of birth 10-3-97	6. AGE (In years last birthday)	IF UNDER I YEAR IF UNDER 24 HRS. MOINTHS DAYS HOURS MIN
4 hours	70 (au	BIRTHPLACE (Stote or foreign itsy) Penna.	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	Anne Arundel	Md
transport of the control of the cont	10, (	ITY OR TOWN OF DEATH Glen Burnic	give street address) Nort	h Ammao 1 during	JAL OCCUPATION (Kind of work done mast of working life, even if retired) ruck, driver—retir	12b KIND OF BUSINESS OR INDUSTRY
ecuted with completely ove corban y event, wi	13a. adm	USUAL RESIDENCE (Where deceasission) STATE H	ed lived, if institution Residence before Usb. COUNTY  ONLY	13/OC TY OR TOWN 13d INSIDE CITY	NO Box 109 Rt. 2	1
2 2 2		Ralph Smith	Middle East	15 MOTHERS MAIDEN NAME		Last
n ysican n pleose vol, and i	160	WAS DECEASED EVER IN U.S. ARN es/moor unknown) ( 'ves/wo	IED FORCES? or or dates of service) 16b. SOCIAL SECURITY 1 215.14.53	NO 17 INFORMANT 138 Lydia Smit	th Same as # 1	3
The law requires that the deoth certificate attending physician. has been signed by the ottending physicianse os the buriol-transit permit. Then bless the prior to burial, cremation, ar removal, and		PART I DEATH WAS CAUSED IMMEDIA 4 3 6 9 Conditions, if ony, which gave)	y ane cause per ine for (a) (b), and (c) BY TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	- contract	an failence	ASPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LOWS WELLTLA
Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the buriol-transit should be filed with the State Dept. of Health prior to burial, crema		nse to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF  (c)  Officer	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART I(a)	Years
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YSICIAN: ospital or certificate the for use the us	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYIN  or contributing cause of Deat  fit either, natify medical examin	HOUR A.M., Manth Day Year P.M. 19	,	ter nature of injury in Part I ar Part 2,	Item 18.)
G PHYS the hos this ce detache	*	at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	11/19	Na City or Tawn	County State
TENDING fined by ti OR: After ould be d		saw the deceased a	s hospital) attended the decease ive on	9 / ond that in (my) (our) o	pinion death occurred on the d	ote and hour and from the
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		22b SIGNATURE	Laule y	DEGREE ATTENDING PHYS	MED STAFF 22c	DATE SIGNED 9
SPITAL 4 may NERAL nor, pot		22d. PHYSIC(AN S NAME (Type) MAX	O C FRANK	22e. ADDRESS 42.5-5	E Mytolice Hu	y Clauburg
Page 70 Fu process show		BUR AL, CREMATION, 236 I BEMOVAL (Specify) Jan	2. 13.1969 Zioi	CEMETERY OR CREMATORY  Cemetery	23d. LOCATION (City of Town)  Dorsey Marylar	
VR A15 (4)	24	FUNERAL DIRECTOR	5411 Windson Mil	L Road DATE	BY REGISTIAN 19896. REGISTIAN	ENOUNT HE YOUR

MAKTLAND STATE DEPARTMENT OF HEALTH





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er death.		Ype or print) JE	NNIFER Middle	SPAN	GLER	2a (	JAN Month 14 0	0Y1969ear 9:23 N
the fur	3. \$1	X Female	4 RACE White		S. DATE OF BIRTH	1969	6 AGE (In years last birthday)	HEUNDER I YEAR IF JNOCK 24 HRS MONTHS DAYS HOURS MAN.
hour 2 hour	7a cop	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED WIDOWED	NEVER MARRIE	V 24	NTY OF DEATH Anne Arundel	Md
	10. (	ITY OR TOWN OF DEATH  Ft Geo G. Mead	e 11 NAME OF HOSPITAL OR give street address)  C S Kimbro	institution (if a	or in haspital  Y Hosp	during most of y	PATION (Kind of work done orking life, even if retired	126 KIND OF BUSINESS OR INDUSTRY N/A
cacuted with completely to ove carbon by event, with completely to over the carbon completely the carbon c	13a adm	USUAL RESIDENCE (Where deceos issiph) STATE Mary Land	sed lived, if institution Residence before 13b (OUNTY Baltimore	re 13c. CITY OR	TOWN 13d	INSIDE CITY LIM TS?	13e. STREET AND NUMBER 20 Cort Ple	asant, Apt C-4
be exected and control of any contro		FATHER'S NAME First	M.ddle Lest Livingston Spangl	Ler	Mary		Jean G	elbutts loss
strificate be execut physician and com en please remove aval, and in any ev	160	WAS DECEASED EVER IN U.S. ARM es, no or unknown) (11 yes give y	MED FORCES? pot or dates of service) A  16b. SOCIAL SECURI N/A		INFORMANT Evid L.ST	pangler,	20 Court Ple	asant, Apt C-4
oth cert ding pl		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	nly one cause per line far (a), (b), and D BY RESPIRATO	(c)) ORY & CA	ARDIAC FA	AILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AN: The law requires that the death certificate be executed within all or attending physician. It is a been signed by the attending physician and completely fille far use as the burial-transit permit. Then please remove carban po Health priar ta burial, cremation, ar remaval, and in any event, within the contraction of the contraction		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE					TO LEUM
equires that the physician. signed by the burial-transit p		rise to immediate cause (o), stating the underlying couse last.	BUT 50 AB 14 . 4011450145145	OF				
requir ng phy en sign ne buri ta buri	2	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERMINAL D	ISEASE OR CONDITIO	ON GIVEN IN PART 1(a)	
The law attending the base as the prior	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY YES	(? NO 🔲	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
PHYSICIAN: 1 e hospital or his certificate stached far us Dept af Healt	MEDICAL CER	21a ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF THE CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTION OF THE C	NG 21b TIME OF INJURY TH HOUR A.M. Month Doy Ye	21c. H	OW INJURY OCCUR	RED (Enter nature	of injury in Part 1 or Part :	2, Item 18.)
PHYSI he hosp this cer etachec	ME	21d. INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HDME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY ) 21f LI			City or Town	Caunty State
Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept af Health priar to		22o. I certify that (1) (th	is hospital) attended the dece live on 14 Jan e/(1) (we) (did) (1000) view t	ased from	13 Jan d thot in (ony)	, 19_69_, (our) opinion o	to <u>14 Jan</u> , leeth occurred on the	9_69, thatX(I) (we) las date and hour ond from the
OR ATTI		22b. SIGNATURE	LAS CO. LE	DEGI DEGI	ATTENDING	☐ MED DIRECTOR	STAFF ic-/	DATE SIGNED
PITAL (Imay be ERAL DI		22d PHYSICIAN'S NAME (Type) MICHAE	EL A. LEE, CPT, MC				H ARMY HOSP, I	T, MEADE, MD
ro Hospitat Page 4 may ro Funerat I director, pag shauld be fil	230	BUR AL, CREMATION, 23b REMOVAL (Specify)		OF CEMETERY OR	5		OCATION (Cty or Town) POTTS VILLE	(County) (State)
VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR HOSELY W. THE	Edykail C	ESS 2	1043 25	OATE	YRAP 2Sb. RICHSTRA	'S SISMATURE

AND



		2000		D STATE DEPARTMENT OF H		
/.		00236		301 W. PRESTON STREET, BALTII CERTIFICATE OF DEATH		77000
	1 01	CEASED-NAME First	Middle	Last		00235
to the second	(1	ype or print) Ruth	Frances	SPRIGGS	2a DATE OF DEATH Manth Day	25. HOURP.
	3. SE		4 RACE	S DATE OF BIRTH	January 19	1969" 3:10 M
24 hours after death.  24 hours after death.  25 hours after death.		remale	White	April 4, 19	06 lost bushday) yrs	MOINTHS DAYS HOURS MIN
by by Tour	70 E	GRTHP ACE (State or fore on	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	. COUNTY OF DEATH	
in 24 hours a filed n by th popers. Pag	caur	Maryland	U.S.		Anne Arundel	Md
三 漢 8 章	110. €	ITY OR TOWN OF DEATH	11 NAME OF HOSP TAL OR IN: give street address)	STITUTION (If not in haspital 12a USUA.	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
pletely forms corbon ent, with		Annapolis	Anne Arunde	1 Gen. Hospital	irdresser	ewm business
complex cove cove y event	admi	ssian) SIAIF Maryland	13b COUNTY Anne Arundel	13c CTY OR TOWN 13d INSIDE CITY LM YES NO	136 ZIKEET AND NOWREK	
equires that the death certificate be executy physicion. Signed by the attending physicion and complexical-transit permit. Then please remove burial, cremation, or removal, and in any experial,	_	ATHER'S NAME First	M ddle Last	15. MOTHER'S MAIDEN NAME FIR	st M ddle	last
be n ar		Harry	Spriggs	Ammanda	Leuie	Weeden
icion cilence be silence de se		WAS DECEASED EVER IN US ARM		NO 17 INFORMANT	AddressAm	napelis,Md.
ertificate b physician nen please ioval, and i		No.	214-05-14	31 John W. Smith	- 614 Ridgley Av	. Weems Creek
ne death cer attending p permit. The		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c)	)		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ne death attendi permit. ion, or r		1/2/ MMEDIA	TE CAUSE (a)	ALUASCULAR AL	CIDENS	3 00/5-
he c per non,		4061	DUE TO, OR AS A CONSEQUENCE OF			
or the the main matic		Canditians, if any, which gave anse to immediate cause (a),	(b)			
equires that the physicion. signed by the b≡rial-transit iburial, cremati		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
uire hysi gne gne iria			(c)	OT RELATED TO THE TERMINAL DISEASE OR CO	NOTION CASE IN DARK IO	
red pg pg pg pg p		C. FOFEN	1/ 1/16 1 100	OF RELATED TO THE PERMITHAL DISEASE ORLO	NOTITOR OF VEN IN PART 1(G)	
law indir bee bee s th ior i	AT ON	19a DATE OF OPERATION 19b (	ONDITION FOR WHICH OPERATION WAS PE	REFORMED 200 AUTOPSY?	205 IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The otte has se o	CERTIFICAT			YES NOXIXOK	CAUSES OF DEATHS	
IAN: The law retailed or of tall or otherding principle has been so for use as the family prior to be		210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURRED (Enter	nature at injury in Part 1 or Part 2, I	tem 18)
Point of the office of the off	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M. 19			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and compled director, page 3 should be detached for use as the burial-transit permit. Then please remove conshould be tiled with the State Dept. of ■■olfth prior to burial, cremation, or removal, and in any event	W.	21d INJURY OCCURRED 21e While Nat while at wark	PEACE OF INJURY ( AT HOME, FARM STREET FAC OFFICE BUILDING, ETC	21f LOCATION Street or R.F.D. No.	City or Tawn	Caunty State
IDING d by th After to be d is State		220. I certify that (IV(thi	s hospital) attended the decease	ed from 1005, 196	3 to 19. /pd 18	9, that (D) (we) last
END led to		sow the deceased al	ve on 9 7 1 1 (we) (d d) (d d not) view the	907, and that in (my) (our) onin	ion death accurred on the dat	te and have and from the
ATT Stain Shou th t		22b SIGNATURE	City twesto actor a normalem the	pady otter deom	122 0	ATE SIGNED
OR OB INCHARACTER 3 3 3 4 W		( Munica)	1/X/Deals/	DEGREE PHYS.	D. STAFF D	7-0/-
At D Dog b		220 PHYSICIAN'S	40 March	22e. ADDRESS	11173	16.7.
O HOSPITAL OR ATTENI Page 4 may be retained S FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAME (Type) Edward	S. Beck, M.D.		nSt., Annapolis,	Md.
HO age FUR irect hould	23a	BURIAL CREMATION, 235 D REMOVAL (Specify)		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
55 5 4 4	74	Birraal		Bluff Cemetery	Annapelis A	A. Md.
VR A 5	ZªB	FUNERAL DIRECTOR E. Hop			RESISTAR 19695 REPUBLICAN	yudge.
-5.11, 17.54	H	OPPING FUNERALL	HOME - Amenovite	MA DATE		17



		AND STATE DEPARIMENT OF HE DS, 301 W. PRESTON STREET, BALTIM		
	lazie	CERTIFICATE OF DEATH	J0236	
N = 1	IECEASED NAME First Middle	Lost	20. DATE OF DEATH 2b. HOUR	-
in and 2 ler death.	Type or pnnt) Mazie A	Staylor	Month Doy Yegr 1 26 69	M
— ti 3	EX 4 RACE	S. DATE OF BIRTH	6. AGE (In veiors   IF UNDER 1 YEAR   IF UNDER 24 HRS	_
ars aft	F Caucasian	<b>XXI6</b> X 9/15	1/83 last burthday) YRS. MONTHS DAYS HOURS MIN	
7	BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9.	COUNTY OF DEATH	
127 min	mtry) Maryland USA	WIDOWED OIVORCED	A. A	id
within ( )	(ITY OR TOWN OF DEATH IN NAME OF HOSPITAL C give street oddress) 4104 Arun	R INSTITUTION (If not in hospital during mast	occupation (Kind of work done of working life, even if retired.)  mstress  125 KIND OF BUSINESS OR INDUSTRY Retired	
	. USUAL RESIDENCE (Where deceased lived, if institution: Residence be	ore 13c CITY OR TOWN 13d INSIDE CITY L MIT	111STIESS RETIRED 13e. STREET AND NUMBER	-
a ^ a	ossion) STATE Md 136 COUNTY A. A.	Pasadena YES NO	X 4104 Arundel C	
<u>ו</u>	FATHER'S NAME First Middle La	15. MOTHER'S MAIDEN NAME First	M ddle Lost	=
	Moses O. Atkinson	Henrietta	Mund	
ē l	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECUI		Address	
_		<u>0931 Mrs Mazie Pre</u>		
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) LODER I	(d.)	APPROXIMATE INTERVA. BETWEEN OBSET AND DEATH	
P .	IMMEDIATE CAUSE (a) Lobar I	neumonia		
E S	DUE TO, OR AS A CONSEQUENCE			
E E	rise to immediate couse (a), (	ive Heart Failure		_
	stoting the underlying cause	OF		
2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	IT NOT RELATED TO THE TERMINAL DISEASE OR COL	IDITION GIVEN IN PART 1(a)	==
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION W	S PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	_
효		YES NO 🔀	CAUSES OF DEATH?	
26-00		21c. HOW INJURY OCCURRED (Enter n	ature of injury in Part 1 or Part 2, Item 18.)	_
F. of He	or contributing cause of DEATH (If either, notify medical examiner) HOUR A.M. Month Doy P.M	19		
<u>.</u>	21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STRE	FACTORY,) 21f. LOCATION Street or R.F.D. No.	City or Town County State	
	While Not while of work Corrice Building, FFC		0 /10 // 0	_
20	22a. I certify that (I) (this hospital) attended the dec	eased fram 1/1/04 , 19	, ta8/20/68_, 19, that (I) (we) la an death accurred on the date and hour and from th	ist
‡	causes stated abave, (I) (Well and) (did nat) view	the bady after death.	an aeam accorred on the gare and hoor and from h	16
長1	22b. SIGNATURE		22c DATE SIGNED	_
- G	C. Earl file	DEGREE PHYS. DIR	ECTOR PHYS.   1/27/69	
2 = 0	22d PHYSICIAN'S NAME (Type)	22e. ADDRESS	***	
should be filed with the State Dept. of Health prior to burial, cremation, arremaval, and in any event,	C How Hill M. U.		allwood Rd., Pasadens, Md.	=
7 P	BURIAL CREMATION, 23b DATE 23c. NAMI		23d. LOCATION (City or Town) (County) (Stote)	
~	100		Catons ville Md REGISTRAR 2S SIGNATURE	
19/49A	Two at Yno	RESSBalt. Md. 250 RECD BY	1969 Clientes Judge	
1/00XF	m. Cook-Brooks West Inc	()	// //	=

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00237 00235 CERTIFICATE OF DEATH DECEASED-NAME and 2 death. Farst Middle Last 2a. DATE OF DEATH 2b. HOUR 4 hours after death (Type or pnnt) Month 28 Wayne Steinman 3 SEX 4 PACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS White 43 Male September 7 1925 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 17 NEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED [ WIDOWED [ United States Anne Arundel Michigan 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired )
Mechanic INDUSTRY Glen Burnie, Maryland Nort!
130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before North Arundel Bow1 America the attending physician and camplet sit permit. Then please remave ca 113c CITY OR TOWN 134 INSIDE CITY JM TS2 13e STREET AND NUMBER crematian, ar removal, and in any event requires that the death certificate be executed admission) STATE 13b COUNTY YES! NOK 19 Melville Road Pasadena 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle Last Gladva M. Norris Steinman Jesse 160. WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL IS HELTY NO. 17. INFORMANT Address Yes, no. or unknown) Rita Steinman. 19 Melville Road. Pasadena 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)
PART I, DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) use as the talt of the talt of the talt. Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO 🗌 director, page 3 shauld be detached far use should be filed with the State Dept. af Health 21g ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from LC. saw the deceased olive onand that in (my) (our) opinion death occurred on the date and have and from the couses stated obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING PHYS STAFF PHYS. DIRECTOR 22d. PHYSICIAN S 22e, ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23a BURIAL CREMATION 23b. DATE (State) (County) Glen Haven Memorial Jan Park Glan Aurnie Singleton Funeral Home 2Sb REG STRAR S SIGNATURE 2So. REC'D BY REGISTRAR Memeran Glen Burnie, Maryland

. X . 

1		MAKTLAND STATE DEPARTMENT OF HEALTH  OF 23 J DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	166812
FOR STATE		Items#5,6,7a,b & 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	104.918
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Type or Print)  OF ESTI	
3 ta 9 Páge		CHARLES STUTSON DEATH MATED X UNK	19 UNK
TO 1/2/	3 \$	DE LUETTO DE LUCIO DE LA CONTRACTOR DE L	Year 6 3:00
Star de	m	nale negro Unknown 60 & 70ks Mary Dahuary Dos,	Year 19 69 p.
Evial &		BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
oges 1, 2, an th form PM3 th form PM3 State-Departm	cour	Unknown Unknown Wigoyken Divorced Anne Arundel	1
Poge vith fr	10 (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If put in hosp-tot 120 USUAL OCCUPATION (Kind of work done 126	KIND OF BUSINESS OR
<u>-</u>	S	Severn give street oddress Nox 220, Jones Road during most of working life, even if retired) INDI	USTRY
hours after the line 18. Give Poc Office olong with lond 2 with the Str	13 a.	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
hours after Item 18. Gi Office oloni Iond 2 with ofter death.		rtrysand   13h Anne Arunde1   YES   NOX   RR 2, Box 220,	Jones Road
hours Item 1 Office I ond 2 ofter d	14 F	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 hours after in Item 18. Give r's Office olong west offer death.			
	Iáo.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
within pencil xamine rie pogi		Yes, no, or unknown) (If yas give war or dates of service)	
Exor Exor Fire	-		APPROXIMATE INTERVAL
70 .= -		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART   DEATH WAS CAUSED BY:  Arteriosclerotic Cardiovascular Disease	BETWEEN ONSET AND DEATH
Medical Medical permy		2) 1") // MECHAL CAUSE (U)	
went be exe		DUE TO, OR AS A CONSEQUENCE OF	
L be I be ranking		rise to immediate cause (a). (b)	
should e word o the Ch ouriol-tro		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
5 0 2 =		(c)	
1 + + + 0 P		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)	
ifico ating order ol, a	8		T
	CATION	190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This certificate, writh be forword to used or remayon remayon.	CERTIF		20 AUTOPSY? Partia
- 불류 B o	9	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item PRIMARY OR CONTRIBUTING 1 HOUR A.M	18}
INER: 1 e certifice should be files 3 should ortion, or	MEDICAL	CAUSE OF DEATH P.M. 19	
S S T T E	ME		ounty State
CAMINER: te the certi je 4 should your files age 3 should cremotion,		WHILE NOT WHILE AT WORK AT WORK	
CAL EXAMINER: execute the cert or. Page 4 should of for your files CTOR: Page 3 shou		220. I certify that I took charge of the remains described above, held on Autopsy 1, Inspection , Inquiry ,	ond in my opinio
ICAL Electrical Formula Formul		death resulted from Notural causes Accident Suicide Homicide Undetermined monner	, ,
Some to the contract of the co		CHIEF MEDICAL EXAMINER	
d di di		ACTUAL MY WAS ASSOCIATED TO THE PARTY SIGN TO TH	NED
ry, ple erol di be reti RAL D		SIGNATURE 1/6	
DEPUTY SICAL EXAM ressory, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page		EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ADDRESS(Street, city, town, or county)	100
necessory, the funeral 5 may be r to FUNERAL Health prid	22-	internet (type)	unty) (State)
7 - 4 - 5 - 3	230	BURIAL (REMATION) 236 DATE (See NAME OF CEMETERY OR CREMATORY (Convertible Convertible Con	74. (Sidie)
Λ.	2/	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR 5 SIGN	IATURE
VR A15ME (5)	14.	EER 9 1 100b JULIAN	By Joedge
10M REV 1/68		DATE 1 LD 2 4 1300 /-	0 0

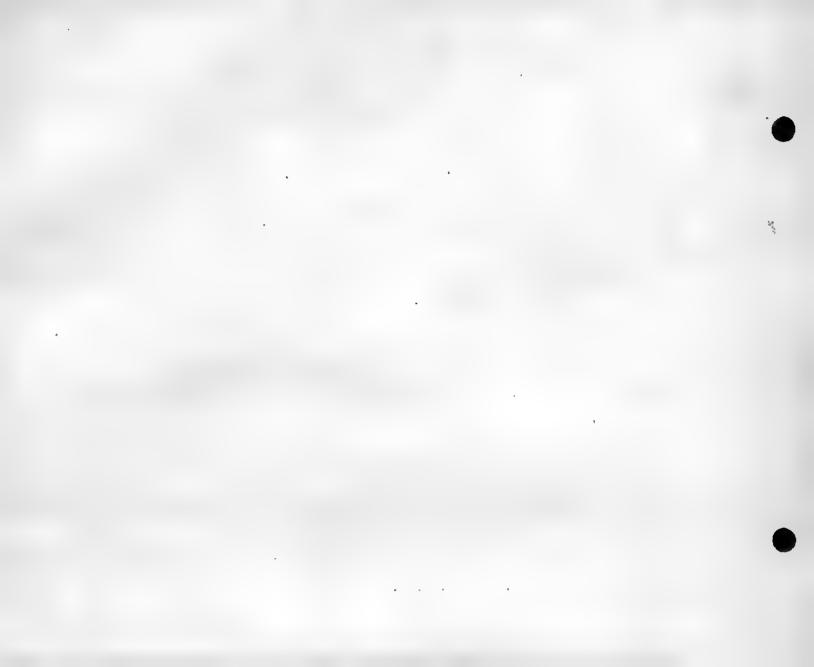
MARYLAND STATE DEPARTMENT OF HEALTH



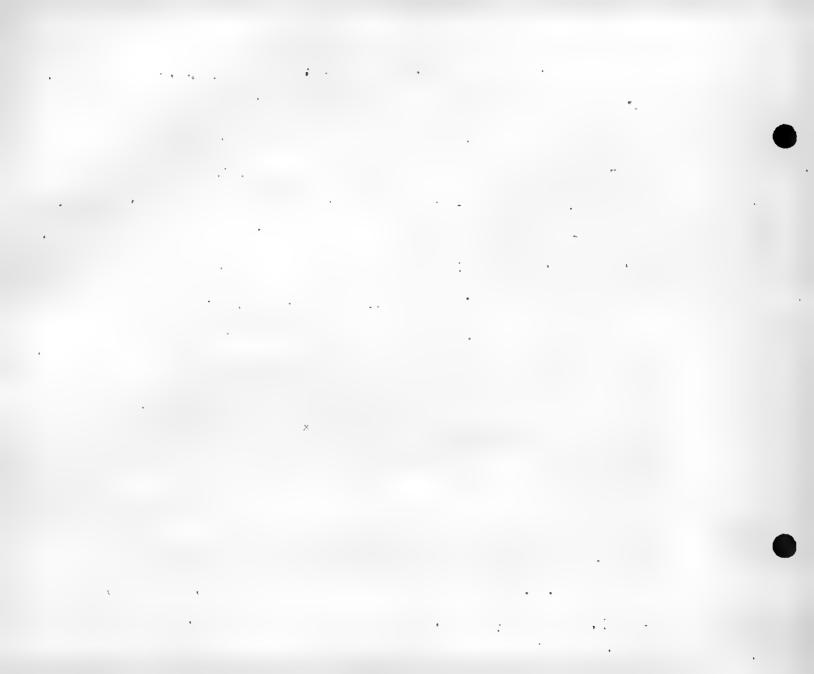
. 1			DIVISION OF	MAKTLAN VITAL DECODOS	SOLM DECTON	IMENI UF HEA	RE, MARYLAND 21201	
, 9		00240	DIVISION OF		ERTIFICATE O		RE, MAKILAND 21201	06238
€ 25€	1. D	ECEASED-NAME First		Middle	Lost	20	DATE OF DEATH	26. HOUR
deal and deal	L	ype or print) Anna		Ruth	Tapp		Jan. 7º	Y 1969 150 AM
fter e fu es l fter	3 5	X	4 RACE		S. DATE OF	BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
rs a	<u>L</u>	femle	cauc.		June	28, 1932	36 YRS	MONTHS DATS FROMES MIN
D	7a cau-	BIRTHPLACE (State or foreign	76. CIT.ZEN OF WH.	AT COUNTRY?	8. MARRIED 🖾 NEVER N	MARRIED 9. CO	OUNTY OF DEATH	
24 peer		Virginia	Lua			VORCED	nne Arundel	Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the decimentificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletally filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Dapt. of Hallth priar to burial, crematian, ar remayal, and in any event, within 72 hours of the death.		Annaholis	give st	ME OF HOSPITAL OR INS Freet address) Light Land All	TITUTION (If not in hospital	during most at	CUPATION (Kind of work dane working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
d w	13a.	USUAL RESIDENCE (Where deceose	d lived, if institution	on: Residence before	I3c CITY OR TOWN	13d, INSIDE CITY LAMITS?	13e. STREET AND NUMBER	own no ae
cute amp	adm	ission) STATE	13P CONNIA	animel	Anna alis	YES WO	209 Chinquar	in doing 2d
exe exe	14	ATHER S NAME First	Middle	Lost		MAIDEN NAME First	Middle	Last
be and e re		Hillian	neurv	Vaks		11a		gowling
ate iciar leas		WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b SOCIAL SECURITY I		112	Address	DOMITTIE
hys		es, no, or unknown)   (If yes give w	r or dotes of service)	214-26-	0329 Charle	es H. Tapp	- sale as #13	above
Tage E		18. CAUSE OF DEATH (Enter on	y one cause per lini		<u></u>			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	;	PART I. DEATH WAS CAUSED IMMEDIA	BY:		of breast c	gen, meta	stasis	1 yr.
n, o mile		1144		A CONSEQUENCE OF		Sout moor		- 3-1
the at it pe atian		Conditions, if ony, which gove )		77 CONSEQUENCE OF				
hat n. sy t ans		nse to immediate cause (a), ( stating the underlying cause (	(b) DUE TO, OR AS	A CONSEQUENCE OF				
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requires that g physician, signed by the burial-transi		PART 2 OTHER SIGNIFICANT CON	OITIONS CONTRIBLE	ING TO DEATH BUT NO	T RELATED TO THE TERM!	NAL DISEASE OR CONDI	ION GIVEN IN PART 1(a)	
ng ng l							\ /	
haw endin bee is the	AT 0	190. DATE OF OPERATION 19b (	ONDITION FOR WHI	CH OPERATION WAS PER	FORMED 20a AU	JTOPSY?	206 IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
The after has see a	CERTIFICAT ON				YES [	□ N <b>Qx</b> [X]	CAUSES OF DEATH?	
N: ar are		210 ACCIDENT WAS UNDERLYING			21c HOW INJURY (		re of injury in Part 1 or Part 2,	Item 18.)
CIA Sitological Sitological Sitological	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M.	Manth Day Year				,
respondence of the part of the	ME		PLACE OF INJURY		ORY.) 21f LOCATION St	treet or R.F.D. No.	City of Tawn	County State
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital or aftending physician. DIRECTOR: After this certificate has been signed by e 3 shauld be detached for use as the burial-traned with the State Dmpt. of Hmalth priar to burial, cre-		While Nat while 21e	,	DEFICE BUYLDING, ETC.	/			
ING be d tate		22a. I certify that (I) (the	nosp <del>utal) a</del> tter	nded the decease	d fram 9/3	. 1968	, toL/ / 19	, that (I) (we) last
A Par		saw the deceased al-	ve on $1/$	7 69 1	69 and that in f	(my) ( <del>our)</del> opinion	death occurred on the do	ite and hour and from the
A Tring State		causes stated above, 226. SIGNATURE	(I) <del>(we)</del> (did) (i	di <del>d not)</del> view the l	ady after death.			
R A A S S S S S S S S S S S S S S S S S		ZZD. SIGNATURE	122-	- 11	O SECONDE ATTEN	DING MED.	C STAFF C	DATE SIGNED 1/8/69
Page 10		22d. PHYSICIAN S	0 3777		DEGREE PHYS	DIRECTI	OR LJ PHYS LJ	1/0/09
SPITAL 4 may NERAL I nor, pag			ORSSUCK,	M.D.,	226. A	DDRESS Amos Garre	tt Blvd., Anna	polis, Md .
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for u should be filed with the State Dept. of Heal	220							
O HOO Page o Greet shoul	230	DEMOVAL (Consider)			EMETERY OR CREMATORY		.OCATION (City or Town)	(County) (State)
5-5-	24		9/69	4UUDECES	est vaneter		CTRID OF BEARING	Md.
VR ALS OF	-		ring 5	eules 6.	Hopping	2So RECIDABILIRE	1969 KEGANTES	in judge.
100	L.,	dop ing runera	Home -	annarolis	, Ad. 1/	DATE		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH    AMAGE
HAME First Middle  Lost Florence NWN  ARACE  S DATE OF BEATH Month Day Year  January 25  JANE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH ARACE  S DATE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH ARACE  S DATE OF BEATH JANE 1 S DATE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH Month Day Year  JANE 1 S DATE OF BEATH Month Day World 1 DAY MONTH Month Day World 2 DATE MONTH JANE 1 DATE MONTH Month Day World 2 DATE MONTH Month Day World Mo
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The country of death and country are course per line for (a), (b), and (c), the underlying course (a). The country of the coun
CE (Stote or fore gn   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   Anne Arundel   Medicular of Divorced   Anne Arundel   Medicular of Divorced   Anne Arundel   Medicular of Divorced   Medicular of D
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apolis  Anne Arundel General Hosp  ESCIDENCE (Where deceased lived, funstitution Residence before 13c CITY OR TOWN 13c COUNTY  Maryland 13b COUNTY  Maryland Anne Arundel Annapolis 9 STREET AND NUMBER  NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost  FASED EYER IN J. S. ARMED FORCES?  John G. Taylor #13  SEE OF DEATH (Enter any and cause per line far (a), (b), and (c).)  RT I. DEATH WAS CAUSED BY:  JIMMEDIATE CAUSE (a) Pneumonia, bilateral bronchial  DUE TO, OR AS A CONSEQUENCE OF  medical cause (a), the underlying cause of the underlyi
STATE Maryland 13b COUNTY  Maryland 13b COUNTY  Maryland 13b COUNTY  Maryland 13b COUNTY  Middle Annapolis 15 MOTHERS MAIDEN NAME First 15 Middle Lost 15 MOTHERS MAIDEN NAME First 15 Middle Lost 15 MOTHERS MAIDEN NAME First 15 Middle Lost 16 SOCIAL SECURITY NO. 17 INFORMANT 18 INTERVAL BETWEEN OWSEL AND DEATH CAUSE (a) Pneumonia, bilateral bronchial 2 days  DUE TO, OR AS A CONSEQUENCE OF 16 Middle 17 INFORMANT 18 INTERVAL BETWEEN OWSEL AND DEATH 18 INTERVAL BETWEEN OWSEL AND
Maryland   13b COUNTY   13b COU
Lost  SARMED FORCES?  John Gray Death (Enter on y one couse per line for (a), (b), and (c).)  SE OF DEATH (Enter on y one couse per line for (a), (b), and (c).)  RT I. DEATH WAS CAUSED BY:  John Gray Death (Enter on y one couse per line for (a), (b), and (c).)  MMEDIATE CAUSE (a) Pneumonia, bilateral bronchial  DUE TO, OR AS A CONSEQUENCE OF  mediate cause (a), the underlying cause of th
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TEASED EVER IN JS ARMED FORCES?  JOHN G. TAYLOR #13  Address  IN JS ARMED FORCES?  JOHN G. TAYLOR #13  Address  JOHN G. TAYLOR #13  APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH  ST. I. DEATH WAS CAUSED BY:  JMMEDIATE CAUSE (a) Pneumonia, bilateral bronchial  DUE TO, OR AS A CONSEQUENCE OF  JOHN G. TAYLOR #13  APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH  2 days  ON, if only, which gave  JOHN G. TAYLOR #13  Address  DUE TO, OR AS A CONSEQUENCE OF  (b) Cachexia  DUE TO, OR AS A CONSEQUENCE OF  (c) Arteriosclerosis, general and cerebral  TOM G. TAYLOR #13
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ISE OF DEATH (Enter on y one couse per line for (a), (b), and (c).)  ST. I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Pneumonia, bilateral bronchial  DUE TO, OR AS A CONSEQUENCE OF  mediate cause (a), the underlying cause  (b) Cachexia  DUE TO, OR AS A CONSEQUENCE OF  (c) Arteriosclerosis, general and cerebral  many years
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IMMEDIATE CAUSE (a) Pneumonia, bilateral bronchial  2 days  DUE TO, OR AS A CONSEQUENCE OF  (b) Cachexia  DUE TO, OR AS A CONSEQUENCE OF  (c) Arteriosclerosis, general and cerebral  (d) Arteriosclerosis, general and cerebral
DUE TO, OR AS A CONSEQUENCE OF  (b) Cachexia  (b) Cachexia  DUE TO, OR AS A CONSEQUENCE OF  (c) Arteriosclerosis, general and cerebral  (d) Arteriosclerosis, general and cerebral
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the underlying cause   DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerosis, general and cerebral many years
(c) Arteriosclerosis, general and cerebral many years
OTHER SIGNIFICANT COMPUTIONS CONTRIBUTING TO DEATH DAY AND PRIATED TO THE TENHAND OFFICE OF COMPUTIONS
CONTRIBUTION CONTRIBUTION TO DEATH BUT NOT KELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
grene L Gt toe, Diabetes mellitus, Rheumatoid arthritis, Hiatal hernia
OF OPERATION 196. COND T ON FOR WHICH OPERATION WAS PERFORMED 206 AJTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
17 '69 Gangrene L Gt toe YES NO NO CAUSES OF DEATH?
IDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 at Part 2 Item 18.)
TR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year natify medical examiner) P.M. 19
JRY OCCIDENT 210 PLACE OF INHIPY AT HOME FARM STREET FACTORY 1 214 LOCATION STREET FACTORY 1 214 LOCATION STREET FACTORY 1 215
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certify that (I) the school of ottended the deceased from November 6, 1968, to January 2519 69, that (I) (mod last with deceased alive an January 21, 1969, and that in (my) to pinion death occurred an the date and have and from the buses stated above, (I) to school did not) view the body after death
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PEMATON 235 DATE 22, NAME OF CENTERS OF CREMATORY
PEMATON 226 DATE 22. NAME OF CONTROL OF CONT



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		00243	DIVISION OF VITAL RECORDS,			00240
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B 84.6	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9. COUNTY OF DEATH	
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D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be excuted within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in our the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages: Pages and a shauld be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 not beath death	10.	Annapolis	11 NAME OF HOSPITAL OR INS give street oddress) Naval H	1 during	WAL OCCUPATION (Kind of work dane most of working life, even if retired.)  S. Navy	126 KIND OF BUSINESS OR INDUSTRY Government
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owe completed by every	adn	ission) STATE Maryland	13b COUNTY Anne Arundel	Annapolis YES	NO□ 65 Shipwr	ight Street
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e death certificate b attending physician sermit. Then please an, ar remaval, and i	160	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURITY N	IO 17 INFORMANT	Address	
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ndir bee	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
has has	E			YES 🔀 NO	CAUSES OF DEATH?	
in the state of th		2To ACCIDENT WAS UNDERLYIN			ter nature of injury in Part 1 or Part 2,	
FE F	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Month Doy Yeor ner) P.M. 19			·
YSI tosp cert cert cert cert	MED.	21d INCIRY OCCURRED 21e	PLACE OF INJURY LAT HOME, FARM, STREET, FAC	TORY.) 21f. LOCATION Street or R.F.D.	No City or Town	County State
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health prior to burial, creating the state of t		Whee Nat while at work	COPPLE BUILDING, ETC.		<u> </u>	
by by Start	Н	22o. I certify that (I) (th	is haspitol) attended the decease	d from, 19	, to, 19	7, that (I) (we) lost
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A State		22b SIGNATURE		-		DATE SIGNED
OR be re 3 ed w		Micheles	Astornes,	DEGREE PHYS	MED. DIRECTOR DIRECTOR DIRECTOR	1-69
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PIT mo		NAME (Type)	F. FORNES	NAVAL F	CSP ITAL, ANNAPOLI	S, ND
10 HOSPITAL Page 4 may O FUNERAL E director, pag shauld be fill	230.	BURIAL, CREMATION, 236		CEMETERY OR CREMATORY	23d, 10CATION (City or Town)	(County) (Ştote)
5 5 5 F F	Ce	REMOVAL (Spedity) 2	-1-69 Ft. hi	woohn	BLADENSBURG	R.G. MD.
VR A15 (4)X	24.	FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb REGISTRAR	S SIGNATURE
30M REV. 1/68	1	Hu M. Jer	tortoons Com	ous, Ma. DAFFI	2	



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FOR STATE		00243	DIVISION	OF VITAL RE				TE OF DE		10 21201		0024	1
HEALTH DEPL	1.0	ECEASED NAME	First	WEDIC	ML EARIY		Los:			DATE KNOWN	Month	Doy Ye	enr 2b HOUR
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24 hours r's Office es land2	14 FATHER'S NAME FIRST Middle Lost IS MOTHERS MAIDEN NAME First Middle Oscar a Phillips Florence C. Transfer								· la	last			
The god at		WAS DECEASED EV	ER IN U.S. ARMED FO	DRCES? or or dates of service)	16b, SOCIAL SEC	URITY NO.	17 INFORMANT	St. Th	ma	ADI	San	e as #	F/3
xecuted winding" in get Medical Exam permit. File it within 72		1B. CAUSE OF PART I D	DEATH (Enter only EATH WAS CAUSED IMMEDIAT	DV A	ne far (a), (b), o	/ -	Hear	t. dis	c 05	2_		BETWEEN	XIMATE INTERVAL ONSET AND DEATH
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	MEDICAL CER	210 EXTERNA. ( PRIMARY OF DEAT	R CONTRIBUTING			loy, Year 19	21c HOW INJUR	Y OCCURRED (En	ter nature o	f injury in Part	) or Part 2,	Hem 1B)	
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ICAL tor. P tor. P ed fal CTOR			certify that I to	ak charge of th Natural caus		escribed abov		], Hamicio	ie 🔲,	ction 🔼, Undetermine	Inquiry [ ed manner		in my apınian
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TO DEPUTY necessory, the function 5 may be TO FUNERA	230	NAME (Type) BURIAE, CREMA			23c NA	LME OF CEMETER	Y OR CREMATOR	ADDRESS(Street		or county)	Town)	(County)	(State)
^ ^	24	FUNERAL DIRECT	/-	7-69	Wa	ADDRESS J	to the		D BY REGIST		REGISTRAR	SIGNATURE	ard.
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	,	t .	MARILAND STATE DEPARTMENT OF HEALTH
_		₽-	3024 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
',		L	CERTIFICATE OF DEATH
<u> </u>	_ 2.4i		DECEASED NAME First Middle Last 20 DATE OF DEATH 2b HOUR
Jedi	and Jeal		Type or print) JOHN RISEON TUCKER JAN Month 5 Day 1969 M
16	er – 7	3 9	
s affe	poper. Pages I and 2 Inin 72 hours after death.		MALE WHITE DEC 14,1900 GOT BYTHOUS DAYS HOURS IN N
dur.	≥ 5 5		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED TO SELECT MARRIED TO COUNTY OF DEATH
24 h			HNNAPOLIS U.S. A WIDOWED DIVORCED ANNE ARUNDEL MG
E 3		10.	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during hospital during hospital during hospital state are different in NDUSTRY).  2 1/1 ADD 1 2 1/2 ADD 1 2
wi	carbary ent, will	42	NN1180213 141/601. 17031-1 174 1712K 1 4360V.
cewificate be executed within 24 haurs after death	E 9 & ()	adn	USLAR RESIDENCE (Where deceased fived, if institution, Residence before list City or TOWN list on) STATE MD 136 COUNTY AA. CO PRINTIPPOLIS YES NO 106 TUCKER ST.
e X	remave rany eve	14	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
90	nysician and n please rem		NOHN W. TUCKER HUNIE M CROSS
alle di			WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address
<b>#</b> ~	rval,	L	Yes, no, or unknown) (Tyes give wor or dates of sarvice) MRS. VIOLET E. TUCKER # 13
(E)	e ë		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )  APPROXIMATE WITERVALL BETWEEN ONSET AND DEATH
earth Page 1	ine alkending Isit permir. Ti natian, ar rem		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COROMANY THROWS SSIS
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es :	signed by burial-tran Lunal, crer		lost. (c)
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agi di	ig T	AT 0	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The affice	The Se of	CERTIFICATION	YES NO CAUSES OF DEATH?
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E SE	### ###	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19
IS A Service of the s	pt.	ME	21d. IN.JRY OCCURRED 21e. PLACE OF INIURY (AT HOME, FARM, STREET FACTORY) 21f 10C 6510N Street of R.F.D. No. (18th of Towns) County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the haspital ar attending physician.	JUNEAR DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remains shauld be filed with the State Dept. of Health priar to Eurial, cremation, ar remaval, and in any		at work of work
NI A	State		22a. I certify that (I) (this haspital) attended the deceased fram 7//3, 1960, ta 1967, tho (I) (we) lost
TENI ned	돌 루	ı	saw the deceased alive on
A I I A	음등들	ı	226 SUSTANDRE 220 DATE S.GNED
OR DE L	<u>√</u> 2 ×		DEGREE PHYS DIRECTOR
AL Dy E			22d. PMSST(ANS)
SPIT T mC	d b		NAME (Type)
HOS ge 2	rect	23a	BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
0 <sup>2</sup> c	2 6 2	1	BURREN JAN 8 1969 GLEN HAVEN MEM. GLEN BURNIE AAGMD
,	VRDA S PR	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 255, BEGISTRARS SIGNATURE
(4	4500 65	L	10 HN M. TAYLOR : SONS ANNAPOUS MD JAI 9 1989 former &



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		U W # 19		v6244					
£ _2£		ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR_			
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the second	L	m	40		last_birthday)	MONTHS DAYS HOURS MIN			
_ Si ( A Si )	70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?		COUNTY OF DEATH				
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AN all cat	18	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year	21c HOW INJURY OCCURRED (Enter	nature at injury in Port 1 or Part 2,	Item 18.)			
print page 1	M£D (	(If either, notify medical examin	er) P.M.	9					
ho po signatura	2	21d. INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, F) OFFICE BUILDING, ETC.	ACTORY ) 21f LOCATION Street or R.F.D. No.	City or Town	County State			
the det		at wark ot work			1	1.6			
by by State		22a I certify that (I) (thi	s-hospital) attended the deceas	ed from 12/17, 19/c		67, that (!) (we) last			
ed ed he he		saw the deceased al	(I) (we) (did) (did not) view the	19 Jand that in (my) (eer) apin	ion death occurred an the do	te and haur and from the			
training the state of the state		22b. SIGNATURE	, (i) (we) (aid) (all hot) view me	body difer dealli.	00	DATE FORES			
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O HOO Page o Girect shoul	230	BUR AL, (REMATION), 236 D REMOVAL (Specify)		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) 1 (Store)			
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VR AIS AO	19	18/18/		uneral Home 250 RECTO BY	1/1/10-08	SIGNATURE.			
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MARYLAND STATE DEPARTMENT OF HEALTH 00245 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT. 1. DECEASED NAME First Middle 20 DATE KNOWNING Month Dov Yeor 25 HOUR (Type or Print) ESTI-Robert Pode DEATH MATED 3 SEX 5 DATE OF BIRTH IF JINDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR 6-15-53 4) YRS MARRIED NEVER MARRIED NO To BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH WIDOWED [ 12n USUA, OCCUPATION (Kind of work done O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION ( f not in hospital 126 KIND OF BUSINESS OR during mast of work no ife/even if retired.) Office alang 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN, 3d INSIDE CITY LIM. 157 13e STREET AND NUMBER 24 hours 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME nertill in 17 INFORMANI ADDRESS (Yes, na, arunknown) event within 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY: the Chief Medical IMMEDIATE CAUSE (a) for Shot-hourd - aboomen DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a). in any ( certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse farwarded ta PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) g remayal, used ( 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [7] 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian. gun-Shot-wound. CAUSE OF DEATH 21f LOCATION Street or R F D No 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, Ety or Town State factory, office building, etc.) WHILE NOT WHILE AT WORK AT WORK Inspection 🕝 22a. I certify that I took charge of the remains described above, held an Autapsy ... Inquiry [ and in my opinion Natural causes . Accident . death resulted from: Suicide . Homicide 🗌 Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATOR BURIAL CREMATION 23d. LOCATION (City of Town) (County) REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRPCTOR



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1	I	teml3 FilmChlO	3/5/69 kk 0243	CERTIFICATE OF DEATH	Innore, marteand 21201	01926
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s after the factor of the fact	3. SE	Femule	4 RACE Negro	S DATE OF BIRTH 4-1-16	6 AGE (In years lost birthday) 5 2 YRS	IF UNDER 1 YEAR IF JNDER 24 HRS. MONTHS DAYS HOURS M.N.
4 haur d in by poers. P	7o f	BIRTHPLACE (State or foreign atry)	76 CITIZEN OF WHAT COUNTRY?	MARNED NEVER MARRIED D VORCED	Anne Arunde	/ Md.
be executed within 24 haurs after death- and completely filled in by the finatel e remave carbon papers. Pages and 2 lin any event, within 72 hours effer leath.	2	ROWNSVILLE	give street address) Hos	during	SUAL OCCUPATION (K'nd of work done most of working life, even if retired.)	
cuted vomplete	13o	LSUAL RESIDENCE (Where deceases soon) STATE Mary Land	sed lived, if institution Residence before 13b COUNTY Anne Arundel	Crownsvill YES	Y LIMITS? 13e STREET AND NUMBER NO CO Mrs. B1:	anche B. Dawson
be exe	_	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME		Lost
hiticate hysicipal n pleas		WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give v	MED FORCES? HOT OF dates of service)	NO. 17. INFORMANT	Address	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filled with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hours		Canditions, if only, which gave is to immediate couse (o), stating the underlying cause last.	ATE CAUSE (a) Per line for (a), (b), ond (c) D BY  ATE CAUSE (a) PUC P POINT (b)  DUE TO, OR AS A CONSEQUENCE OF  (b) POINT (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  NOTITIONS CONTRIBUTING TO DEATH BUT N	noma of the	L. OV. metas tas; Le left breas	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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SICIAN: spital or srificate ed for u	MEDICAL CE	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEA' (If either, notify medical exami	HOUR A.M. Month Doy Year ner) P.M.	9	nter nature of injury in Parl 1 or Port 2	
G PHYS the has this ce detache	*	While At while at work		CTORY.) 21f LOCATION Street or R.F.D.		County State
D HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or D FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. af Healt		22a. I certify that (I) (the sow the deceased of causes stated above	is haspital) attended the deceas live on e, (I) (we) (did)(did not) view the	ed from <u>70 - 20</u> , 19 1962, and that in (my) (our) a bady after death.	pinian deoth accurred on the	9 <u>69</u> , that (I) (we) lost dote ond hour ond from the
OR AT DIRECTO		22b. SIGNATURE	auzález	DEGREE PHYS.	MED STAFF DIRECTOR PHYS. D	c DATE SIGNED
SPITAL 4 may JERAL I or, pog		22d. PHYSICIAN'S NAME (Type) 7/601	to Jonzalez	22e ADDRESS		
Page 70 FUN direct shoul	230	REMOVAD (Specify) 2	.24.64 1.0	cemetery or crematory School	( Balling)	(County) (State)
30M REV 145	24.	FUNERAL DIRECTOR	AD DRESS	DATE F	EB 2 8 1969 REGISTRAN	raves Judge



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thin 24 hour papers	10.	ITY OR TOWN OF DEATH	give street oddress)	OR INSTITUTION (If not in haspital	12a LSUAL OCCLPATION (Kind of wo	ork done 12b KIND OF BUSINESS OR
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d c		ATHER S NAME First		st IS. MOTHER'S MAID	N NAME First	Middle Last
n and se re	L	UN	1		UNK.	
historia hysicia n plea vol, an		was deceased ever in u.s. ARN es, no, or unknown) (If yes give w	AED FORCES? vor or dates of service)	RITY NO. 17 INFORMANT : 1405pita	1 Records	Address
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death-certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled-int-by, the funeral director, page 3 should be detacted for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 mans after death	MEDICAL CERTIFICATION	PART 1. DEATH WAS CAUSED IMMEDIA  Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT COM  190. DATE OF OPERATION 19b. 1  21o. ACCIDENT WAS UNDERLYIN CAUSE OF DEAT (If either, notify medical examing 21d. INJURY OCCURRED 21e. While Mot while at work at work 22a. I certify that (I) (this saw the deceased at causes stated above 22b. SIGNATURE	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)  NDITIONS CONTRIBUTING TO DEATH B  CONDITION FOR WHICH OPERATION WA  BY THE HOUR A.M. Manth Day P.M.  PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC.)  is haspital) attended the dec.	E OF  CUCALLES  E OF  CUCALLES  E OF  CUCALLES  E OF  CUCALLES  COLOR  TO THE TERMINAL D  CAS PIRFORMED  200. AUTOPS  YES  19  ET FACTORY, 21f. LOCATION Street of  COLOR  COLOR  TO THE TERMINAL D  TO THE	RED (Enter nature of injury in Port )  r R F.D. No. City or Town  (aur) apinion death accurred of Director Physics	INDINGS CONSIDERED IN CERTIFYING
HOSPITA ge 4 may FUNERAL rector, pc	23 a	22d. PHYSICIANS NAME (Type)	DATE, 23c NAM	220 ADDRES 42 J	23d LOCATION (CHY OF TO	own (County) State)
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		O 0 2 3 1) DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
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within 2 ban pap		CITY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working ite even it retired)  Ever na Park, Midgive street address.  Deverable C. during most of working ite even it retired)  INDUSTRY	
amplete ve cark	13a adm	USUAL RES-DENCE (Where deceased fived, if institution Residence before 13c, CITY OR TOWN ) Isad INSDE CITY LIMITS? AS STREET AND NUMBER rission) STATE 13b FOUNTY Chemical Several Fath YES NOW 546 Leverantee Comments of the State of State	rest
requires that the death certificate be executed physician. In signed by the attending physician and came burial-transit permit. Then please remave burial, crematian, ar removal, and in any events.	14.	FATHER'S NAME   First Middle WEILFER 15. MOTHER'S MAIDEN NAME First Middle Selve	last
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th certific Jing phys Then p		PART I DEATH (Errier only due couse per sine for (a), (b), and (c).)	MATE INTERVAL MSET AND DEATH
he death cer attending p permit. The ian, ar remo		4337 DUE TO, OR AS A CONSEQUENCE OF	mus
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ICIAN: The law rapital or attending rafficial has been d far use as the of Health priar to	MEDICAL CER	21 a ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)   OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year   19   19   19   19   19   19   19   1	_
	MEC	21d. INJURY OCCURRED While Company (Al Home, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not work of w	State
A ATTENDING PHYS retained by the has ECTOR: After this ce 3 should be detache with the State Dept.		22a. I certify that (I) (this hospital) attended the deceased from 19 1, 19 1, ta 1, 19 1, that saw the deceased give an	(I) (we) la: and from th
ATTEN staine TOR: shoulk ith th		causes stated abave, (1) (we) (did) (didEnet) view the bady after death.	/
OR be re DIRE		R.M Me: Faces before DEGREE PHYS DIRECTOR D STAFF DIVIDING DIRECTOR DIVIDING DIRECTOR DIVIDING DIVIDING DIVIDING DIVIDING DIVIDING DIRECTOR DIVIDING DIVIDIN	9
SPITAL OR 4 may be (ERAL DIR or, page 3		22d. PHYSICIAN'S NAME (Type) FPM Mc Laughlin 3768 Monutain Ret. Parades	ug Mul.
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	230	BURIA, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
VR A15(1)	24	FUNERAL DIRECTOR  The part of the property of the part	2

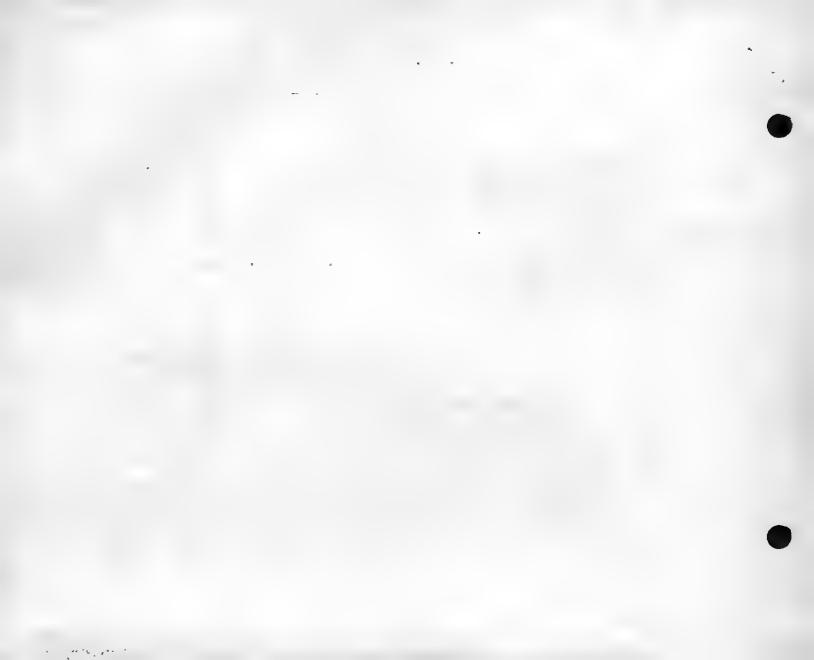
MARTLAND STATE DEPARTMENT OF HEALTH



# 14		tem8 FilmGlug MARYLAND STATE DEPARTMENT OF HEALTH /17/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	61	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	348
HEALTH DEPT.		DECEASED NAME First Middle Lost (WILLFONG) 20, DATE KNOWN Month D	Doy Yeor 2b ∺OURp
s 1 1 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Type or Print) ALICE E. WELFONG OF ESTI- Jan. 2.	3, 169 1:15M
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	L	enate white APRIL 17,1941 27 YRS	, Yeor 19 69 1:15 P
	/o coun	BIRTHPLACE (State or foreign 7b. CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 7 9. COUNTY OF DEATH	
ges far ate	16.7	NEW JERSEY U.S.A. WIDOWED DIVORCED Anne Arunde1  IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCC. PATION (Kind of work done 12)	Md. 2b KIND OF BUSINESS OR
fer death any Give Pages 1, 2, cang with farm Phithe State Departing	1	Princip (give street oddress) 2 1 37 during most of working life, even if retired 1 IN	IDUSTRY
a Se E	130	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CiTY OR TOWN 13d MSIDE CITY (MMTS? 13e STREET AND NUMBER	MIN HOME
fire along	0	dmission) STATEMaryland Anne Arundel Glen Burnie   YES   NO   174 Virginia Ap	t. J.
hours after lem 18. Go	14. F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 1 12 2 13 2 13 2 13 2		FRANK H. EGGERS MARY L. MCDONALD	
thin 24 ncil in niner's pages haurs	160 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  (as no, or unknown)   Ui yas gave worder portes of separage)   16b. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS	
with the Example 72	1/1	CTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	Same as#13
onlit.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Bronchopneumonia	BETWEEN ONSET AND DEATH
be executed pending the second p		MMCDIATE CAUSE (a) Bronchopne umonia  Due to, or as a consequence of	
be e lief I lief I lief I lief I lief I		Conditions, if only, which gave	
ord ord e Ch e Ch		rise to immediate couse (a), (b)  stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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ate a the and to and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
d arde	NO	Diabetes Mellitus  190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION	Tax turoneus
s cer farw farw	FICAT	WAS PERFORMED?	20 AUTOPSY?
INER: This certificate should be executed within 24 haurs after death the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files.  3 should be used as a burial-transit permit. File pages 1 ind Ewith the State De notion, or remayal, and in any event within 72 haurs after, death.	MEDICAL CERTIFICATION	21o. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Yeor 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	YES NO
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ARNN he c sho 3 sho mati	MED	21d INJURY OCCURRED 21e PLACE OF INTURY (At home, form, street, 21f LOCATION Street or R.F.D. No. Gity or Town	County State
L EXAN lecute t Page 4 or your IR: Page		WHILE NOT WHILE foctory, office building, etc.)	
bical Examiner: This certificate should be executed with se execute the certificate, writing the ward "pending" in perstar. Page 4 shauld be farwarded to the Chief Medical Exampled for your files.  ECTOR: Page 3 shauld be used as a burial-transit permit. File a burial, crematian, ar remayal, and in any event within 72.		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 🔲, Inquiry 🔲,	and in my apinian
Se e strange med ned by but by		death resulted from: Natural causes 🗵 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	]
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ury, pleasing, p		SIGNATURE MO. ASS STANT MEDICAL EXAMINER X	4/69
no DEPUTY DICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health priar to burial, crem		EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, or county)	1700
7 5 To 1	230	PFMOVAL (Specify)	County) (State)
	24	REMOVAL (Specify)  Burial  January 27/89 Hoby Name Cemetery  Jersey City, Ne	w Jersey
VR A15ME (5)	1	Strigte ton Funeral Huma IAN 9 7 1000 Milanis	
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.		00202		CERTIFICATE OF DEAT	Н	00249
	1. DE (T	CEASED-NAME Mattie	XX Middle	Wessler	Jan. Month 21	2b. HOUR 9-10 PM
	3. SE	Female	4 RACE White	S. DATE OF BIRTH 7-26- 91	YRS.	WONTHS DAYS HOURS MIN
X /	7o. 8 coun		United States	8 MARRIED NEVER MARRIED NIVORCED NIVORCED	9 COUNTY OF DEATH Anne Arundel	Md.
		ITY OR TOWN OF DEATH Glen Burnie	91978 (Peturphiess) Aru	ndel 59	GUNE CCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY Thing
0 B	13p admi	USJAL RESIDENCE (Where deceased ssian) STATE  Manyland	nved, if institution. Residence before 13b. COUNTY  Anne Arundel	VEC	Na 20 711 Mayo	Road
1	14 F	ATHER S NAME First	Middle Last	TS. MOTHER'S MAIDEN NAM		Last
- /		August	H. Rehk		Minnie	Beasing
	16a Y	WAS DECEASED EVER IN US ARMEI es, no, or unknown)   Ill yes give war   NO   NO	D FORCES? 16b SOCIAL SECURITY 500-10-92	)	Address M. Stohrman (dau	#23 phater) Same as APPROXIMATE INTERVAL
		PART I. DEATH WAS CAUSED	ane cause per line for (a), (b), and (c) BY:  CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	mi how -		BETWEEN ONSET AND DEATH
		rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF  (c) CONTRIBUTING TO DEATH BUT N	ptracis+2	SOME ON CONTRACT (a)	4
	2		lomerte.	rioin.		
X	CERTIFICATION	19a. DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. Month Day Year		(Enter nature of injury in Parl 1 or Parl 2	Item 18.)
	ME	21d INJURY OCCURRED 21e P While Nat while at wark	LACE OF INJURY ( AT HOME FARM, STREET FA OFFICE BUILDING, ETC.	CTORY) 21f LOCATION Street or R.F.D	). No. City or Town	County State
		saw the deceased alice	haspital) attended the deceas ve an————————————————————————————————————	9 and that in (my) (aur)	19, ta, } apinian death accurred an the a	
1		22b SIGNATURE	· points	M) DEGREE PHYS		DATE SIGNED 22, 69
,			ENIO SAN	1 3 1 3000	Hospital 3	N.GB Md.
	230	BURIAL CREMATION, 23b D/ REMOVAL (Specify)		CEMETERY OR CREMATORY	23d. LOCAT ON (City or Town)  Blackburn. M	(Caunty) (State)
(4) 1/68	24/	pringles	Singleton Fune Glen Burbie,	ral Home 250 RE	JAN 23 1969 REGISTRAN	S SIGNATURE U



Late -	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	MEDICAL LAMMARY S CERTIFICATE OF DEATH
is de se	(Type or Print)
eloy i	CHARLES W. WHEELER DEATH MATED 1 24 169 3:30M  3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years 18 UNDER 14 HRS 2 C DATE PRONOUNCED DEAD 22 HOUR
del As and del	(lost guithday) MONTHS DAYS HOURS MIN Month Day
2, and 3 to PM3. Page epoilment of	Male White 9-3-1922 46 ATXYRS January 24, 1969 3:30p
	WIDOWED CONTROL OF THE CONTROL OF TH
Popes Tin fo	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g JSDAL OCCUPATION (Kind of work done 12h Kinn of Russiness Op
R 3 / 2 /	Laurel give street address) Hill Ave. Laurel during most of working life, even if retired.) INDUSTRY
offer 8. GV oland with t	13o. USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c CFTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER
s often 18. Gr s olom 2 with death	odmission) STATE Md. 13b COUNTY A. A. Laurel YES NO Hill Ave Laurel
I hours Item 18 Office Office offer d	14 FATHER'S NAME First Middle cost IS MOTHER'S MAIDEN NAME First Middle Lost
24 th	Charles W. Wheeler Rose Frazier
thin 24 incil in miner's poges hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS
J with in pen Exam File p	(Yes, no, or unknown)   Ill yes give were dores of service)   213-14-7422 Mrs. Wayne Smith Oakley St. Cambridge
ed in	18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))  APPROXIMATE INTERVAL BETWEEN ONSET AND DIATH
should be executed e word "pending" in the Chief Medical in ony event within	PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) Craniocerebral injuries
exe end if pe	76 XX DUE TO, OR AS A CONSEQUENCE OF
hiel inel	Conditions, if any, which gave rise to immediate couse (a), (b).
ony	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
should be e ne word "per to the Chief I buriol-transit	lost. (c)
INER: This certificate should be executed within 24 hours ofter e certificate, writing the word "pending" in pencil in Item 18. GN should be forwarded to the Chief Medical Examiner's Office olong files.  3 should be used as a buriol-transit permit File pages land 2 with to ation, ar removal, and in any event within 72 hours after death	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
rifico rifing rarder d as vol, a	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 120 AUTOPSY?
his certii ate, writh e forwar be used removo	196 CONDITION FOR WHICH OPERATION 20. AUTOPSY?  WAS PERFORMED?
LER: This certificate, rould be follows bould be to should be to should be to should be to the total bound be to the total be to the total be to the total be to the total be	190 DATE OF OPERATION  190 DATE OF OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS PRIMARY KN OR CONTRIBUTING  CAUSE OF DEATH  211 DEATH  212 DEATH  213 EXTERNAL CAUSE WAS PRIMARY KN OR CONTRIBUTING  AND A 24 19 69  Subject struck about the head with object  214 INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)  225 DEATH  226 INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
14 <u></u>	FRIMARY ET OR CONTRIBUTING HOUREDE
INER INER shou shou files. 3 sho action	CAUSE OF DEATH 1 P.M. 1 24 19 69 Subject struck about the head with object 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State
KAMINER: te the certi je 4 should four files. age 3 shou cremation,	WHILE IN NOT WHILE Tactory, office building, etc.)
Pog Pog.	AT WORK AT WORK AT WORK HOME HILL Ave. Tourel A. A. Md. 22a. I certify that I taak charge of the remains described above, held an Autapsy XX Inspection , Inquiry , and in my apinion
DEPUTY DICAL EXAMINER: reessory, please execute the certific for functor. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremation,	death resulted freen: Natural causes , Accident , Suicide , Hamicides X Undetermined manner
please I director retainer or to b	CHIEF MEDICAL EXAMINER
Y, ple pro retro	SIGNATURE SIGNATURE MD ASSISTANT MEDICAL EXAMINER XX 226 DATE SIGNED
ERA	EXAMINER'S  DEPUTY MEDICAL EXAMINER   1/25/69
TO DEPUTY DIC necessory, please the functol directors of may be retained to FUNERAL DIRECT Health prior to by	MAME IT
5 g t ~ 5 g	23a BURIA. CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d "OCATION (Cry or Town) (Caunty) (State)
0	Buriation 1/27/1969 Dorchester Mem. Park Cambridge Dorchester Md.
M	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
10M REV 1 16	1, 2 met R Morroy Cambridge Md. 21613 DAN 29 1969 fillarles Judge



MARYLAND STATE DEPARTMENT OF HEALTH 025 3 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First M≀ddle Last 20. DATE OF DEATH 2b. HOUR certificate be executed within 24 haurs after death. (Type or print) Jan. Vasseni Wilkinson 2:001 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 6 AGE (In years IF LINDER 1 YEAR last burthday) HOURS 1875 23 Aug. White Female ouriai-transit <del>perm</del>it. Then please remave carban papers. Paç burial, crematian, ar remaval, and in any event, within 72 hours 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED Baltimore, M. and campletely filled in remave carban papers. WIDOWED T DIVORCED [ Anne Arundel USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) give street address) Own Home Bay Manor Nursing Home Annapolis 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY NO J Quarterfield Road Severn 14. FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Hoppe Zoeller Matthias 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Mrs. Naomi Care. same APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: te dept IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior ta 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🖂 NO | Page 4 may be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 2/23, 19/25, to to to 1/2, 19/25 saw the deceased glive on 12/3/ \_19/28, and that in (my) (our) apinion death occurred an the date and haur and from the couses stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR 10 Jan. 69 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Severna Park. Md. Ray Smith 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) Mt. Olivet Cemetery Md. Baltimore Jan. 69 24 FUNERAL DIRECTOR REC'D BY REGISTRAR Kirkley Funeral Home, Glen Burnie, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20255 00252 CERTIFICATE OF DEATH DECEASED NAME M ddle and 2 First Lost 20 DATE OF DEATH 2b. HOURP uneral (Type or print) WIMBROW Reese none January 24 hours after 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF LANDER YEAR lost\_bigthday) HOURS April 9, 1892 White Male 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED XX NEVER MARRIED U.S. WIDOWED [7] D VORCED Maryland Anne Arundel 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street address! during most of working life, even if retired ) INDESTRY. Anne Arundel Annapolis burial, cremation, ar remaval, and in any event, 130 USUAL RES DENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET AND NUMBER odmission) STATE Anne Arundel YES 🟋 NO T 100 Archwood Ave., remave Maryland Annapolis 14. FATHER'S NAME and First Middle Last IS MOTHERS, MAIDEN NAME First M ddle Last WIMBROW 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Yes 10 of priknown) (If yes give war or dates of service) APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE OR CONDITION GIVEN IN PART 1601 has been Health priar to 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 19g DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO XX YES T ficote | 21o. ACCIDENT WAS UNDERLYING OR ATTENDING PHYSICIAN: 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 216 TIME OF INITIRY OR CONTRIBUTING CAUSE OF DEATH Month Day Year Dept. of ! (If either, natify medical examiner) this cert 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED While Not while State City or Town County at work t at work director, page 3 should be de shauld be filed with the State TO FUNERAL DIRECTOR: After 220. I certify that (1) (this haspital) ottended the deceased fram 12-15, 1968 to 1-10, 1969, that (11) (we) last be retained by 1962, and that in (my) (our) opinion death accurred on the date and hour and from the sow the deceased alive on \_\_\_\_ 1-10 causes stated above, (1) (we) (did) (aid not) view the bady after death. 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS PHYSICIAN S 22e. ADDRESS NAME (Type) Edward S. Beck. M.D. Franklin St., Annapolis, Md. 23c NAME OF CEMETERY OR CREMATORY 230 BarIAL CREMATION 23d LOCATION (City or Town) ((county) (Stote) ARSONS ADDRESS Sows



- 1					TE DEPARTMENT O		A D144 A 115 A 4		
	3625 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH							10253	3
1	. DECEASED-NAME	First		Middle	Lost		OF DEATH		26 HOURD
	(Type or pnnt)	Russe	11 (n	one)	WIMPLE		Month	Day Year	~ 0
3	SEX		4. RACE		S DATE OF BIRTH	Ja	6 AGE (in year	28 196	
I	Male		Negro		July 14,	1884	last pirthday	YRS. MONTHS DA	YS HOLES MIN
	BIRTHPLACE (Stote		76 CITIZEN OF WHAT COL	INTRY? 8. MARI	IED NEVER MARRIED	9. COUNTY	OF DEATH	- Carl	<del></del>
_	orth Caro		U.S.	WIDO	VED DIVORCED	Anne	Arundel		Md
ľ	CITY OR TOWN OF		11. NAME OF grye street as	HOSPITAL OR INSTITUTION	(If not in hospital 12a it	LSJAL OCCUPATI	ON (Kind of work	done 12b KIND red ) INDUSTRY	OF BUSINESS OR
	Annapoli		Anne	Arundel Ge	1. Hospital	y most or warkt	ng i te, even it tet	red j industri	
0	dmissian) STATE  Mary 1	: (where deceose	d lived, if institut an Res 13b. COUNTY Anne Arund	ildence before 1136. LIF	OR TOWN 134 INSIDE C	CTY CHAIDS? 13e	STREET AND NUME Rt-3. Box	BER	
F	FATHER'S NAME	First	M ddle	Lost /	IS MOTHER'S MAIDEN NAM			Idle	+ Lost
ı	JOY!	WO	INA	mole	XIIIne	117		mo	17
Ī	6a. WAS DECEASED E Yes, na, ar unknaw		ED FORCES? 16b. SC	CIAL SECURITY NO	17 INFORMALITY	1	7 Add	Service Service	mo
_	res, na, ar unknaw	U) (II. kez disa wo	r or notes at service)		Katilk	reash	ears (	DA 27	alla.
l	18. CAUSE OF C	DEATH (Enter anly NTH WAS CAUSED	one cause per line far (					APPR BETWEE	ROXIMATE INTERVAL EN ONSET AND DEATH
ı	PARTI DO	TALEDIAN	E CAUSE (a) Uren	nia				1 we	eek
ı	Canditians, if an	Turkish navas	DUE TO, OR AS A CO					2	
L	rise to immedic	ote cause (a),	[D]	l failure				Z mc	onths
ı	stating the und	erlying cause	DUE TO, OR AS A CO	NECULENCE OF				1 ye	ear
L	PART 2 OTHER S	SIGNIF CANT CONE	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	D TO THE TERMINAL DISEASE	OR CONDITION GI	VEN IN PART 1(o)		
1.	Malmut	rition	due to prim	ary carcin	oma of larynx	(	van 10 (7), (0)		
1 2	19a. DATE OF OPE	RATION 196 C	ONDITION FOR WHICH OPE	RATION WAS PERFORMED	-2Do: AUTOPSY?	20b	IF YES, WERE FIND	INGS CONSIDERED IN	CERTIFYING
100							PEOS DEATH?		
1	21 g. ACCIDENT V	VAS UNDERLYING		h Day Year	HOW INJURY OCCURRED (E	Enter nature of in	jury in Part 1 or P	art 2, Item 18.)	
ANTO CAL	If either, notify	medical examine	er) P.M.	19					
1	While Not w	1110	LACE OF INJURY ( AT HOME	, FARM, STREET FACTORY,) 21 UILDING, ETC.	f LOCATION Street or R.F.D.	No. C	ty or Town	County	State
			And the Market	the decorard from	April 12 16	0.66 40 1	anuary 7	8 10 6 U	
	sow the	deceased ali	ve on January	28 1969	April 12 19 ond that in (my) (841)	opinion deoth	accurred on t	he dote and has	ur and from the
	ranzez z	toted obave,	(I) (XXX) (did) XXXXX	it) view the body of	er deoth.	,			som touth till
	226 SIGNATURE	1	Call N.	,	EGREE PHYS X	MED	STAFF	22c. DATE SIGNED	20 1060
	22d PHYSICIAN S	regul	Co Vopen		EGREE PHYS LAI	DIRECTOR L	STAFF PHYS	January	47,1707
	NAME (Type	1	s W. Kinzer	. M.D.	16 Murra	Tr Arro	Annapol	is Md. 2	21401
23	Ba Burial, CREMAT			73 HAME OF CEMETERY			TION (City of Town	is Mu	(Stote)
	IS PALLED	16:2-	1-1969	anna	Dolis Ma	OR (d)	Max	01410	Mich
2	FUNERAL PRESTO	1	20124/	ADDRESS	250 REC	D BY REGISTRAR	25b. 264.5	TRAR'S SIGNATURE	Las
4	VILLE	am Ke	esette (	MAGIL	MA DANE	B 3 18	969 400	The same	0



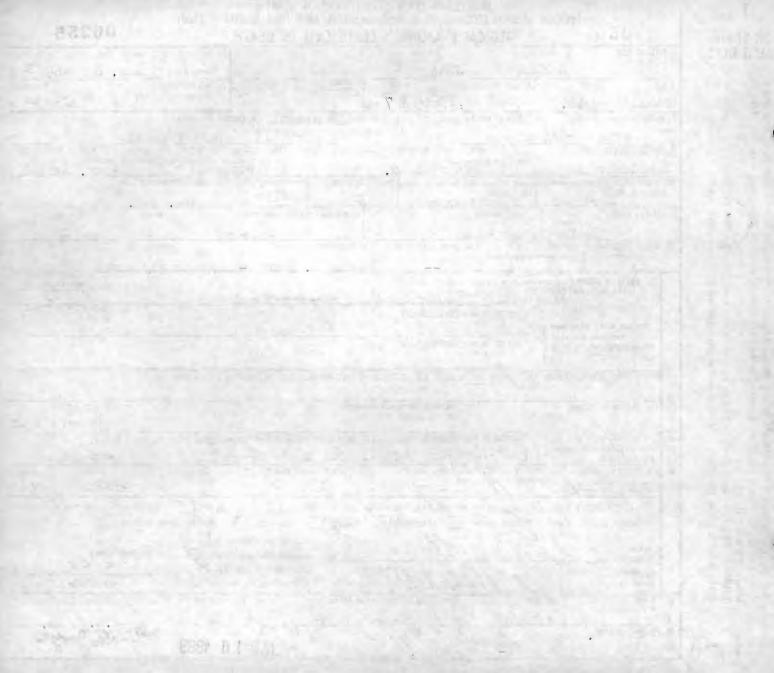
/		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	L	CERTIFICATE OF DEATH
r death. unerol 1 and 2 r death.		EASED-NAME First Middle Last 20 DATE OF DEATH  PARY F. Last Day Year 25. HOUR  AND SI 1969 8:150
after death le funerol ges 1 ond 2 after deoth	3. 58	4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 F UNDER 24 HRS.
Sin local Single	70 (09)	RTHPLACE (State or foreign, 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
3 3		MARY AND U. J. H. WIDOWED & DIVORCED . M. M.
E SINGLE		Y OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  22 USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)  23 NOTE: The maken our Home
cecuted comprete nove cost	13o. odm	20 MT KESINGUET (Mulate defeated used it tustantion, kes detse beidië 1126, citt of name 120 mont out reserved 1136, 2) keet and dismited
se execut and com remove in any ev	14	THER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middley Loss
ate be exercian and action and and in any	1/-	HARRY UNKNOWN MINNER HINGE 100 FFEK
ertificate be physician c nen please noval, and ii	160	vas deceased ever in U.S. aroued forces? 166 social security to 17 informant 17 informant 18 information 18 inf
that the death certific an. by the ottending physi tronsit permit. Then pi cremotion, or removal,		8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:
dea then r, or		MMMEDIATE CAUSE (a) CAUGUE CAUGUE COST CONSEQUENCE OF CONSEQUENCE
it the the character the character notion		conditions, if any, which gave ise to immed one cause (a). (b) arteriosilenstic heart disease 5 years
10 17 = 1		DUE TO, OR AS A CONSEQUENCE OF cast of the underlying cause (c)  DUE TO, OR AS A CONSEQUENCE OF cast of the cast o
equires physici signed buriol-t burial,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
dw rading been the corto	ĕ.	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
: The law rar ottending to the has been use as the alth prior to	CERTIFICATION	YES NO CAUSES OF DEATH?
	A. CER	TO ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)  TO ACCONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
DING PHYSICIAN: I by the hospital or After this certificate I be detached for u	MEDIC	If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town. County State
the I this details De		twork at work
ENDING ned by t R: Affer uld be d		220 I certify that (I) (this hospital) attended the deceased from 1000 (our local form) opinion death occurred on the date and hour and from the courses stated above, (I) (we) (did) (did not) view the body after death.
R ATTENI P retoined RECTOR: A 3 should with the		226 SIGNATURE  ATTENDING  DEGREE PHYS  DIRECTOR D STAFF DIRECTOR D STAFF DIRECTOR D PHYS D 2/1/69
O HOSPITAL OR ATTEN Poge 4 may be retoined O FUNERAL DIRECTOR: director, page 3 should should be filed with the		12d. PHYSICIAN'S NAME (Type) R MMc Lacegh I'm 3708 Mountain Rd. Paseding Mel 21122
O HOSPITAL Poge 4 moy O FUNERAL director, pag should be fil	23a	BURIAL CREMATION, 236 DATE . 23c NAME OF CEMETERY OR CREMATORY / 23d OCATION (City or Town) (County) , (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2	REMOVAL (Specify) 2/3/1969 OAK LAWN CEMPTERY BALTO MARY/AND
VR A15 (4)	74.	WHERAL DIRECTOR Later Lucy ADDRESS ALL DIRECTOR LOS PEGISTRARS SIGNAPPRE

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00255 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Yeor 2b. HOUR deloy 1. nd 3 to Poge (Type or Print) ESTI-SANDRA JEAN YOUNG d, DEATH MATED Jan. 1969 ment IF UNDER I YEAR 4 RACE 6. AGE (In years IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. Month April 18,1961 female cauc. the State Depo 7o, BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED KT 9. COUNTY OF DEATH 4 should be forwarded to the Chief Medical Examiner's Milice along with form WIDOWED [ DIVORCED [ North Carolina USA Give Pages Anne Arundel 10. CITY OR TOWN OF DEATH 24 hours after death 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY Davidsonville Patuxent Rd. student lein. schoo 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIGE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b, COUNTY NO Tehning Amindel Davidsonvil in Item 1 after Lost 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME hours Bobby Eugene podes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) Young - save as #13 above File Bobby E. no APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a)\_ event , DUE TO, OR AS A CONSEQUENCE OF **buriol-transit** Conditions, if ony, which gove rise to immediate couse (a). ony certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removol. CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES T NO De pe 10 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY TO OR CONTRIBUTING MEDICAL cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc. AT WORK AT WORK 10 22a. I certify that took charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my opinion funeral director. Undetermined manner death resulted froms Natural causes Accident . Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** 1-6-69 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) the 50 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 170/69 Boichary Episcopal Buria Odenton REGISTRAR'S SIGNATUR 250. REC'D BY REGISTRAR 2Sb. Hopping/ VR A15ME (5) DATE IAN 10 HULE - Annabolis! 10M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1	1	00259	DIVISION OF VITA		OI W. PRESTON STR		E, MARYLAND 21201	000	
	It	em6 FilmGLO9 2			RTIFICATE OF			0623	05
death.		CEASED-NAME First ype or print)		Middle	Last	20.	DATE OF DEATH Month	Day Year	2b. HOUR
	3. SI	Jo	seph  4. RACE		Zink S. DATE OF BI	DTU	1 6	Pay Year 69	2:55a M
hours after n by the to s. Page.	3. 31						6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN
by I	70	Male BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO		MARRIED NEVER MAR	4/03	UNTY OF DEATH	27	
Pro Pho	cour	itry)				KIEU	Anne Arundel		Md.
Wilhin 72	10. (	Lithuania ITY OR TOWN OF DEATH	I USA 11. NAME OF	HOSPITAL OR INSTI	TUTION (If not in haspital	12a. USUAL OCC	UPATION (Kind of work dan	e 12b. KIND OF	
\$ \$5.06	Cr	ownsville	give street of	nsville	State Hospi	during most of	warking life, even if retired	.) INDUSTRY	
amplete ve can ve cant,	13a.	USUAL RESIDENCE (Where decea	sed lived, if institution: Re	esidence befare	3c/CITY OR TOWN	136. INSIDE CITY LIMITS?	13e, STREET AND NUMBER	· · ·	
cample cample y even		ssion) STATE Mary Land	13b. COUNTY Balto		Balto	YES NO	unknown		
equires that the death certificate be executed with physician. signed by the attending physician and campletely burial-transit permit. Then please remove carban burial, crematian, ar removal, and in any event, with	14.	ATHER'S NAME First	Middle	Last	IS. MOTHER'S MA	AIDEN NAME First	Middle	D ! 1	last
e be	1/-	Jose WAS DECEASED EVER IN U.S. AR		Zink SOCIAL SECURITY NO	. I7, INFORMANT	Nel1	1e Address	Didw	all
e death certificate b attending physician permit. Then please an, ar remaval, and i		es, na, ar unknawn) (If yes give	war or dates all service)			al Dassad		1 - Ch	II
ph	F	18. CAUSE OF DEATH (Enter or		unknown	Tospie	ar_kecoro	s, Crownsvil	APPROXII	WATE INTERVAL
ding iding		PART I. DEATH WAS CAUSE	D BY:					BETWEEN O	NSET AND DEATH
attendi permit. ian, ar n		486X	DUE TO, OR AS A CO	Pneumoni	<del>[18</del>				-
t the sit p	Н	Canditions, if any, which gave		***************************************					
that In by 1	П	rise to immediate couse (a), stating the underlying cause	DUE TO, OR AS A CO	ONSEQUENCE OF					
quires that the physician. signed by the burial-transit burial, cremat		lost.	(c)				The state of the s		
sign bur		PART 2. OTHER SIGNIFICANT CO			RELATED TO THE TERMINAL	L DISEASE OR CONDIT	ION GIVEN IN PART I(a)		
ding ding seen the ar to	NOU		c brain synd		ORMED 20a. AUTO	CYO	20b. IF YES, WERE FINDING	S CONSIDERED IN C	PTIFYING
he lo	CERTIFICATION	THE DAIL OF OFERRION	CONDITION FOR WITHEIT OF	CRAHOR WAS I CKI	YES T	NO 🗌	CAUSES OF DEATH?	2 CONSIDERED IN CO	KIII IIIV
ar or		210. ACCIDENT WAS UNDERLYI					re of injury in Part 1 or Part	2, Item 18.)	
tiffic day	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Mor	nth Day Year 19					
ATENDING PHYSICIAN: The law requires that the death certificate be executed stained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and cample should be detached far use as the burial-fransit permit. Then please remove contith the State Dept. af Health priar ta burial, crematian, ar removal, and in any even ith the State Dept.	W.	21d. INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HO	ME, FARM, STREET, FACTO BUILDING, ETC.	RY.) 21f. LOCATION Stree	et ar R.F.D. Na.	City or Town	County	State
the this detc		at wark at wark							
DING d by 1 After d be 6	ш	22a. I certify that (I) (th	nis haspital) attended	d the deceased	fram 9/8	, 19 66	death accurred on the	19.69 , that	(I) (we) last
TEN ined suld the	ш	causes stated abov	e, (I) (we) (did) (did r	nat) view the bo	ady after death.	y) (aor) aprillait	acam accorded an inc	date alla lidor	dia nam me
ECT AT With With		226. SIGNATURE	11 P 1/2	Was 1	MD. ATTENDIN	VG - MED.	STAFF 2	2c. DATE SIGNED	
DIR DE		Marie	DK.UN	uco, r	DEGREE PHYS.	DIRECTO	OR STAFF PHYS.	1/6/69	
RAL Po be f		22d. PHYSICIAN'S NAME (Type) Cha	rles R. Ven	tor M D			State Hospita	al Maryl	
Page 4 may be retained by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, crenter the state Dept.	230		DATE .		METERY OR CREMATORY		LOCATION (City or Town)	((aunty)	(State)
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VR ANSIAN	24.		108W. Wash	A DRESS		25a. REC'D BY REG		R'S SIGNATURE	
30M NEV 1788	N	Illiam Iferse	Junapo	les, m	d.	DATE JAN	3 0 1989 12	leaning (	uder

